IN THE SUPREME COURT OF THE STATE OF NEVADA

CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT

Appellants,

vs.

DAVID FIGUEROA,

Respondent.

Supreme Court Case No.: 78926

District Court Case No.: A-18-779790-J

Electronically Filed
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APPELLANTS' APPENDIX VOLUME 1

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LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 30 day of October 2019, service of the attached **APPELLANTS' APPENDIX VOLUME 1** was made this date by depositing a true copy of the same for mailing, first class mail, and/or electronic service as follows:

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Electronically Filed
10/8/2018 8:47 AM
Steven D. Grierson
CLERK OF THE COURT

TROA
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DISTRICT COURT

CLARK COUNTY, NEVADA

FIGUEROA, DAVID, Petitioner, 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 Respondents.	Case No.: A-18-779790-J Dept. No.: 18 ROA No.: 1902560-MM Appeal No.: 1511793-MM

TRANSMITTAL OF RECORD ON APPEAL

TO: STEVEN GRIERSON, Clerk of the above-captioned Court:

Pursuant to NRS 233B.140, the transmittal of the entire Record on Appeal, in accordance with the Nevada Administrative Procedure Act (Chapter 233B of the Nevada Revised Statutes), is hereby made as follows:

1. The entire Record herein, including each and every pleading, document, affidavit, order, decision and exhibit now on file with the Appeal Office, at 2200 S. Rancho Drive Suite 220, Las Vegas, Nevada 89102, under the Nevada Industrial Insurance Act, in the above-captioned action, including the court reporter's transcripts if available, of the testimony of the Appeal Officer hearing.

2. This Transmittal.

DATED this 8th day of October, 2018.

Shanna Munson, Legal Secretary II
An Employee of the Hearings Division

ROA
APPEALS OFFICE
2200 S. Rancho Drive Suite 220
Las Vegas NV 89102
(702) 486-2527

DISTRICT COURT

CLARK COUNTY, NEVADA

FIGUEROA, DAVID, Petitioner, 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 Respondents.	Case No.: A-18-779790-J Dept. No.: 18 ROA No.: 1902560-MM Appeal No.: 1511793-MM

RECORD ON APPEAL IN ACCORDANCE WITH THE NEVADA ADMINISTRATIVE PROCEDURE ACT

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

FILED
SEP 10 2018
APPEALS OFFICE

In the Matter of the: Contested Industrial Insurance Claim, of DAVID FIGUEROA, Claimant	Claim No.: 15D34E72969 Appeal No.: 1511793-MM

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE MICHELLE MORGANDO, ESQ.
APPEALS OFFICER

MAY 10, 2017
2:04 PM

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DOC003

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I N D E X

EXAMINATION	DIRECT	CROSS	REDIRECT	RECROSS
David Figueroa	5	22	40	
Jeff Roch	49	59	63	68

E X H I B I T S

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PROCEEDINGS

APPEALS OFFICER: Counsel, we're on the record. This is the time and place set in the Matter of the Contested Industrial Insurance Claim of David Figueroa. Claim #15D34E72969, Appeal #1511793.

The Claimant is present and is represented by Counsel, Mr. Mills. The Employer, Las Vegas Metropolitan Police Department is represented by Counsel, Mr. Schwartz. Who is seated with you today at Counsel table please?

DANIEL SCHWARTZ: This is Jeff Roch, R-O-C-H, last name.

APPEALS OFFICER: Thank you.

DANIEL SCHWARTZ: From Las Vegas Metropolitan Police Department.

APPEALS OFFICER: Thank you. This is the Claimant's Appeal and a stipulation to bypass regarding the Insurer's Determination Letter dated April 9, 2015. All right, Mr. Mills, prior to going on the record, you indicated you will be offering the evidence packets submitted by former Counsel, is that correct?

JASON MILLS: Yes, Judge.

APPEALS OFFICER: All right. Mr. Schwartz, you don't have any objections, do you?

DANIEL SCHWARTZ: No, Your Honor.

APPEALS OFFICER: All right. That will be marked and entered as Claimant's Exhibit 1. I also received on behalf of the Claimant and filed by Mr. Mills' office, a list of Exhibits filed November 2, 2016 containing 69 pages. Have you received that?

DANIEL SCHWARTZ: I have, Your Honor, no objection.

APPEALS OFFICER: Thank you. That will be marked and entered as Claimant's Exhibit 2.

Mr. Mills, I have an Index of Documents filed by the Employer on August 28, 2015, containing 150 pages. Have you received that?

JASON MILLS: Let's see, I believe—yes.

APPEALS OFFICER: Any objections?

JASON MILLS: No, Judge.

APPEALS OFFICER: Thank you. That will be marked and entered as Employer's Exhibit A. And, you're Mr. Figueroa, correct?

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: Okay. Raise your right hand. Do you solemnly swear or affirm the testimony you're about to give in this matter shall be the truth, the whole truth and nothing but the truth?

DAVID FIGUEROA: I do.

APPEALS OFFICER: Thank you. State your name.

DAVID FIGUEROA: David Figueroa.

APPEALS OFFICER: Okay. Mr. Figueroa, I have a current mailing address of 6831 Hillstop Crest Court, Las Vegas, Nevada 89131. Is that correct?

DAVID FIGUEROA: It is.

APPEALS OFFICER: Thank you. Mr. Mills.

JASON MILLS: Yes. Mr. Figueroa, are you the Claimant in this action that's going today?

DAVID FIGUEROA: I am.

JASON MILLS: Okay. Where are you currently employed?

DAVID FIGUEROA: Las Vegas Metropolitan Police Department, Traffic Detail.

JASON MILLS: And, how long have you been employed in that capacity?

DAVID FIGUEROA: Just over 10 years.

JASON MILLS: And, how long have you been with the force? Same?

DAVID FIGUEROA: Same timeframe.

JASON MILLS: Okay. So, in the same division, the entire time period?

DAVID FIGUEROA: No sir.

JASON MILLS: What were you-where were you previously to that?

DAVID FIGUEROA: I was previous to that, I was Convention Center Area Command.

JASON MILLS: Okay. What are your current duties with Las Vegas Metropolitan Police Department?

DAVID FIGUEROA: Traffic detail, Fatal Unit.

JASON MILLS: Do you—what type of vehicle do you operate?

DAVID FIGUEROA: I operate my personal vehicle, to and from work.

JASON MILLS: Okay. I want to talk to you a little bit about your accident back in March of 2015. Do you recall the date?

DAVID FIGUEROA: I do.

JASON MILLS: What was it?

DAVID FIGUEROA: March 15, 2015.

JASON MILLS: March 15th?

DAVID FIGUEROA: March 7th, sorry.

JASON MILLS: March 7, 2015, what happened?

DAVID FIGUEROA: I was headed home, traveling on Camino Al Norte, entering North Las Vegas. Traveling down the roadway in the left two travel lanes. Next thing I knew, I was—my body was flipping in the air. I landed on the ground. At that point, I realized I was in a traffic accident.

JASON MILLS: Okay. So, on that day, what—what cap—what was your job duties on that date, prior to the accident, earlier in the shift?

DAVID FIGUEROA: I was assigned to a re-acclimation program with Bolden Area Command, swing shift patrol unit.

JASON MILLS: And, why were you assigned to a re-acclimation unit?

DAVID FIGUEROA: I was out for a prior surgery that I had and policy was implemented that based on the number of time that you were aware from the job, you had to be put in a re-acclimation detail to get reacclimated as a police officer.

JASON MILLS: So, you had—did you have a prior accident, prior to this one, or--

DAVID FIGUEROA: I did.

JASON MILLS: That caused you to have surgery or something?

DAVID FIGUEROA: Correct.

JASON MILLS: Could you tell the Court?

DAVID FIGUEROA: Yes, I had back surgery prior to that. And, I was out some time.

JASON MILLS: On an industrial basis?

DAVID FIGUEROA: It was.

JASON MILLS: Okay. Was that claim still open when this accident happened?

DAVID FIGUEROA: Yes.

JASON MILLS: Did you receive a compensation award for that accident?

DAVID FIGUEROA: I did.

JASON MILLS: Okay. What procedure was done for that prior accident, if you recall?

DAVID FIGUEROA: A fusion of my lower lumbar L5/S1, disc area.

JASON MILLS: Okay. Prior to you going to the re-acclimation unit, what was your job duty with Metro?

DAVID FIGUEROA: I was assigned to Traffic Bureau. I rode a motorcycle, marked motorcycle and performed traffic enforcement, traffic duties, traffic accident investigation.

JASON MILLS: Okay. The—do you recall on March 7, 2015, what your assigned shift duty was, if there is such a thing?

DAVID FIGUEROA: General patrol duties involving patrol related calls, citizens that call 9-1-1 and enforcement, general enforcement that patrols are responsible for.

JASON MILLS: What—what hours were you slated to work that particular day, March 7, 2015?

DAVID FIGUEROA: 2:30 to midnight-30.

JASON MILLS: So, 2:30 in the afternoon until 12:30 AM, the following day.

DAVID FIGUEROA: Correct, swing shift.

JASON MILLS: Swing shift, 10 hour shift.

DAVID FIGUEROA: Correct.

JASON MILLS: Okay. Did you leave prior to the ending of your shift that evening?

DAVID FIGUEROA: Yes.

JASON MILLS: Do you recall what time you left prior to the end of your scheduled shift?

DAVID FIGUEROA: Approximate, 2345, 11:45 PM.

JASON MILLS: Uh huh, and is there a reason that you left prior to the end of your shift?

DAVID FIGUEROA: There is.

JASON MILLS: What is that reason?

DAVID FIGUEROA: I was told by my supervisor to—that I was to be—the re-acclimation program for me initially was to run approximate 12-16 weeks and that is based on the time you were away. They have a timeframe that you need to be reacclimated. I was advised by my supervisor that they didn't feel, him, as well as the Captain of the Bolden Area Command, that I needed to be there for that long of a timeframe because I was well up to speed as to what the requirements are needed to be as a police officer.

So, I was to be released early from that 12-16 week period and I was to be reassigned back to my bureau, which is the Traffic Bureau.

JASON MILLS: And, did he let you go early that evening for any particular purpose?

DAVID FIGUEROA: He did.

JASON MILLS: What was that purpose?

DAVID FIGUEROA: He stated that he wanted me to get reacclimated on my motorcycle because effective next following shift, or the shift after, I was to be—to report back to my assignment, which was at the Traffic Bureau.

JASON MILLS: So, you were going to go back to the motorcycle division, for lack of a better term.

DAVID FIGUEROA: Correct. And then, there was training that had to be done in the Traffic Bureau [crosstalk]

JASON MILLS: To get back on motorcycles?

DAVID FIGUEROA: Correct.

JASON MILLS: Okay. I'm going to ask you about your—your duties now. When you leave your shift early at your Employer's instruction, are you still being paid?

DAVID FIGUEROA: Yes.

JASON MILLS: Until when?

DAVID FIGUEROA: Until midnight-30.

JASON MILLS: Until the end of your shift.

DAVID FIGUEROA: Correct.

JASON MILLS: Even though he's released you, is it within his power to call you back until the end of your shift?

DAVID FIGUEROA: It is.

JASON MILLS: Do you have any authority to say, no to that?

DAVID FIGUEROA: No.

JASON MILLS: Did you have any police equipment on you during that ride on the motorcycle when you were leaving your--

DAVID FIGUEROA: I did.

JASON MILLS: What was it?

DAVID FIGUEROA: I had my duty weapon. I had my police department issued radio. I had my handcuffs and other miscellaneous items in my bag that I carry.

JASON MILLS: Was your badge with you, as well?

DAVID FIGUEROA: It was.

JASON MILLS: Are you allowed to consume alcohol while you're on duty?

DAVID FIGUEROA: No.

JASON MILLS: If you were left work at 11:45--let's put it this way, if you left work prior to your 12:30,

which the supervisor you indicated did that—you're not in the building anymore, correct?

DAVID FIGUEROA: No.

JASON MILLS: But you're free to leave.

DAVID FIGUEROA: Yes.

JASON MILLS: Would you be able, prior to 12:30, to go to a bar and drink alcohol while you're on-duty?

DAVID FIGUEROA: Absolutely not.

JASON MILLS: Even though you've been released.

DAVID FIGUEROA: Correct.

JASON MILLS: Would you be allowed to do that after 12:30?

DAVID FIGUEROA: Yes.

JASON MILLS: Okay. After your shift ends, after 12:30, is there an ability for Metro to call you back to work--

DAVID FIGUEROA: There is--

JASON MILLS: --during a timeframe that you're not scheduled to work?

DAVID FIGUEROA: There is.

JASON MILLS: In what scenarios would that happen?

DAVID FIGUEROA: God forbid, terrorist activities. Any extreme volatile situation that requires

immediate police presence and staffing is limited to handle that situation, they will contact and—and—and kind of mandatory type of a police presence.

JASON MILLS: Okay. If you're off-duty and you receive one of these summons or—is it—and you receive it, not a question of whether you did or didn't receive it, do you have any discretion to refuse that call back?

DAVID FIGUEROA: No.

JASON MILLS: What about on your journey home and you encounter a severe traffic accident where it's obvious there's problems. People in distress, require emergency care, requires police. Do you have any duty to do anything as a police officer?

DAVID FIGUEROA: I do.

JASON MILLS: Even if you're signed out from work?

DAVID FIGUEROA: I do. It's the oath that I took to—when I took this job, the responsibility I have to my community and of course, my morality. I have a duty to intervene.

JASON MILLS: What about—do you have a call sign, for lack of a better term, when you're working as opposed to when you're not working, that you use over the radios?

DAVID FIGUEROA: Call sign when I'm working. I do not have a call sign when I'm not working but I do have a designated verbiage, if you will, off-duty to identify myself to dispatch of who I am and what's taking place.

JASON MILLS: So, there's a difference when you're on duty, you have one particular call sign, so to speak?

DAVID FIGUEROA: That is correct.

JASON MILLS: And then off-duty it's something else and what is that?

DAVID FIGUEROA: It's a—you provide the letter U in front of your P-Number, the U indicates to the call taker that you're off-duty and your P-Number identifies who you are and they know that the call is being generated by an off-duty police officer, so and so.

JASON MILLS: And, P-Number is that your badge number?

DAVID FIGUEROA: That is. Personnel Number.

JASON MILLS: Personnel Number.

DAVID FIGUEROA: Is what it stands for.

JASON MILLS: What it stands for, okay. And, when you're on duty, you're assigned a different or you have a call sign when you're on duty.

DAVID FIGUEROA: You do.

JASON MILLS: Who—where do you get that?

DAVID FIGUEROA: It's generated by the area of assignment, the shift that you work and so, each area of assignment, each shift has a designated call sign that is recognized department-wide.

JASON MILLS: So, in the scenario where you're released from the building prior to your shift ending but you're still on the clock, had you encountered any incident in—on the public roads or out there while it was still during your shift time, would you call into dispatch?

DAVID FIGUEROA: Absolutely.

JASON MILLS: Would you—what call sign, again, for lack of a better term, would you use if it's before your shift ends?

DAVID FIGUEROA: Before my shift ends, I would utilize the call sign—on-duty call sign and state the situation or emergency that's taking place.

JASON MILLS: Would the dispatcher be able to know that you were within your on-duty time but you were released but you're not off-duty yet?

DAVID FIGUEROA: She would run the call sign and see that I was logged on as Officer David Figueroa and she would be able to identify me as such.

JASON MILLS: And, that—that would be true right until your shift ends, until 12:30.

DAVID FIGUEROA: I would think she has the ability to do it afterwards.

JASON MILLS: Okay.

DAVID FIGUEROA: You know, for research purposes, months later, days—but yes.

JASON MILLS: With regard to this particular accident, do you have a recollection what happened in the accident?

DAVID FIGUEROA: The only recollection I have is, as I stated earlier, I was flipping in the air. I was trying to process what just happened. I hit the ground. I felt tremendous pain. Unconscious the whole time, I land on my stomach with my arms bracing my fall and I was able to look to the left and see that the motorcycle was on fire. At that time, I realized that I was involved in an accident.

I also had another police officer who was assigned to the squad that I was reacclimating on, he was behind me. So, he and I had a discussion and he explained what happened because he was behind me and he observed the accident.

JASON MILLS: Were you transported to the hospital?

DAVID FIGUEROA: UMC Trauma, yes.

JASON MILLS: And, were you hospitalized? Did they check you in?

DAVID FIGUEROA: They checked me in, yes.

JASON MILLS: And, how—were you there—how long were you there?

DAVID FIGUEROA: I was placed in a medical induced coma for six days. When I was brought out the medically induced coma, I had no idea where I was at, what was going on and I had family from back east—my brother who was standing above me and he explained to me what was going on.

JASON MILLS: Did you—how long were you in the hospital, if you recall?

DAVID FIGUEROA: Forty-seven days. Between UMC Trauma, Summerlin Hospital, a total of 47 days.

JASON MILLS: Were you released after Summerlin Hospital to any type of a home, or any type of healthcare place other than the two hospitals?

DAVID FIGUEROA: UCLA Medical Center.

JASON MILLS: Okay. How long were you there?

DAVID FIGUEROA: I was there as an outpatient until surgery was done. So, I didn't stay—I didn't leave Summerlin Hospital to UMC—UCLA Medical Center for a stay. I was released to home and then we made our way down to UCLA, my family and I.

JASON MILLS: To perform--

DAVID FIGUEROA: To corrective surgery that was needed.

JASON MILLS: And, the records I'm sure speak for themselves, but what is your recollection to the injuries that you sustained in this accident.

DAVID FIGUEROA: I broke everything from my left shoulder, femur, elbow, ribs, this is all left side, hips, pelvis, thigh, tib/fib, tibia, fibula, sorry. And so, pretty much from the ankle up to the shoulder and everything in between was broke.

JASON MILLS: Okay. Were you out of work for some period of time following the March 7, 2015 accident?

DAVID FIGUEROA: Yes sir.

JASON MILLS: From when to when? If you remember.

DAVID FIGUEROA: Approximate year and a half-ish. Maybe a little shorter. Then I was able to be assigned to modified duties.

JASON MILLS: And, what was that position?

DAVID FIGUEROA: The position was at the Traffic Bureau front desk office.

JASON MILLS: Do you recall when you went back to work?

DAVID FIGUEROA: To modified duty--

JASON MILLS: Yeah, when you went back to work after this accident.

DAVID FIGUEROA: Date, I do not.

JASON MILLS: Do you recall the month?

APPEALS OFFICER: Mr. Mills, if I order the claim to be accepted, it's going to be remanded for a new determination on—

JASON MILLS: I understand Judge.

APPEALS OFFICER: --on retro benefits.

JASON MILLS: Understood Judge.

APPEALS OFFICER: I mean, it's my understanding in listening to this and looking at—this is really course and scope.

JASON MILLS: Going and coming. Yes, Judge.

APPEALS OFFICER: Right.

JASON MILLS: Yes, Judge. I'll move along.

APPEALS OFFICER: Okay.

JASON MILLS: I get it.

APPEALS OFFICER: And, I just want to clarify one or two things that I don't know if Mr. Schwartz was going to or not. I'm a little confused. You were let go early by your supervisor who basically said you acclimated enough in the patrol--

DAVID FIGUEROA: Yes ma'am, well—

APPEALS OFFICER: --unit, correct?

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: Okay. Were you driving a motorcycle at that time or were you in a patrol car?

DAVID FIGUEROA: I was in a patrol car.

APPEALS OFFICER: Okay.

DAVID FIGUEROA: But, I was—I'm sorry.

APPEALS OFFICER: No, when he told you to—did he tell you to go home when you left on the 7th?

DAVID FIGUEROA: No, I was commuting from—to and from the area command on my personal motorcycle.

APPEALS OFFICER: Okay, but you—when you were in the accident, you were leaving where and intending to go where?

DAVID FIGUEROA: Intending to go home.

APPEALS OFFICER: You were intending to go home, okay and that was your personal motorcycle you intended to start back up with your re-acclimation with your regular unit the next day or so.

DAVID FIGUEROA: Right. He stated that he wanted me to reacclimate on the motorcycle—on my personal motorcycle because—which was news to me because my intention was that I was going to stay longer. He released me because he advised me that I would be reassigned back to my bureau in Traffic.

APPEALS OFFICER: So, he wanted you to finish your shift on your regular motorcycle? I guess I'm just a little confused.

DAVID FIGUEROA: No. No, so he released me early.

APPEALS OFFICER: Okay.

DAVID FIGUEROA: He said, go get some practice time on your motorcycle and—because effective—I don't recall if it was the next shift or the following shift, but you would be sent back to traffic because there's no reason you should be here—to re-acclimate me because—

APPEALS OFFICER: Okay. So, you were just told to go practice.

DAVID FIGUEROA: Correct.

APPEALS OFFICER: On your personal motorcycle.

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: Is it the same type of motorcycle that you ride?

DAVID FIGUEROA: Very similar.

APPEALS OFFICER: Okay. And so you were only going to practice until your shift ended or you were just practicing on your way home?

DAVID FIGUEROA: Well, practicing on my way home and—I live quite a ways away.

APPEALS OFFICER: Okay. Sorry Mr. Schwartz, I just—

DANIEL SCHWARTZ: That's—

APPEALS OFFICER: --was a little confused about what he was riding and where he was going. Thank you.

DAVID FIGUEROA: Yes.

JASON MILLS: Let me see if I have any other questions. [pause] Even though you were released to go home, you were still on the clock though. They were still paying you.

DAVID FIGUEROA: I was.

JASON MILLS: Okay. And, when you're on the clock, your duties are different than when you're not on the clock, regardless of whether you're released or not?

DAVID FIGUEROA: Well, we're told that, hey you're still on the clock, if we need you, have your phone close and I had my department issued radio with me for those purposes.

JASON MILLS: Okay. And, had the same supervisor that released you called you back prior to 12:30, would you have discretion to say no?

DAVID FIGUEROA: No.

JASON MILLS: Okay. Nothing further, Judge.

APPEALS OFFICER: Thank you. Mr. Schwartz?

DANIEL SCHWARTZ: Had the same supervisor called you at 2:30 in the morning that morning and said, the aliens have invaded, and I'm being overly dramatic--

DAVID FIGUEROA: I understand.

DANIEL SCHWARTZ: --we need you to come back, could you say no?

DAVID FIGUEROA: [pause] I'd like to say no. I would be obligated to say, yes.

DANIEL SCHWARTZ: Okay. I want to go back to the beginning just to ask a couple of questions to clarify a few things that maybe I just made bad notes on. When Mr. Mills was first asking you about vehicles, you said something about operating a personal vehicle. So, I'm clear and I only want to ask you questions about March 7, 2015 and backwards, is that okay?

DAVID FIGUEROA: Sure.

DANIEL SCHWARTZ: So, I don't—today you could be—you're working today, correct?

DAVID FIGUEROA: I am.

DANIEL SCHWARTZ: Are you driving a vehicle?

DAVID FIGUEROA: My—yes.

DANIEL SCHWARTZ: Is it a sedan or a motorcycle?

DAVID FIGUEROA: It's a sedan. Jeep.

DANIEL SCHWARTZ: Okay, so it's yours?

DAVID FIGUEROA: It is.

DANIEL SCHWARTZ: And, are you actually working as a police officer right now?

DAVID FIGUEROA: I am, modified duty.

DANIEL SCHWARTZ: Okay. Are they allowing you to use your vehicle as part of your job when you're out patrolling or you're not patrolling yet?

DAVID FIGUEROA: No. I'm not patrolling. Any office.

DANIEL SCHWARTZ: Back in March of 2015, during the period of time after you came back from your prior industrial surgery, you were working where? What's the name of the command you were at?

DAVID FIGUEROA: I was at the Traffic Bureau.

DANIEL SCHWARTZ: Okay. And then after you came back, they sent you somewhere--

DAVID FIGUEROA: I was at--

DANIEL SCHWARTZ: Correct?

DAVID FIGUEROA: I was advised that you have to report to Bolden Area Command for this re-acclimation program.

DANIEL SCHWARTZ: Okay. Can you say that just slow enough so we get it in the record? Which command did you go to?

DAVID FIGUEROA: Traffic Bureau.

DANIEL SCHWARTZ: And then, where did they send you?

DAVID FIGUEROA: Bolden Area Command.

APPEALS OFFICER: Will you spell—for the record, spell it please.

DAVID FIGUEROA: Yeah. B-O-L-D-E-N.

APPEALS OFFICER: Thank you.

DANIEL SCHWARTZ: And, where is Bolden Area Command located?

DAVID FIGUEROA: It's on the southside of the valley, just off of Martin Luther King.

DANIEL SCHWARTZ: Okay. How long were you at the Bolden Area Command prior to your injury? Your—the injury we're discussing today, in March of 2014.

DAVID FIGUEROA: Four weeks-ish.

DANIEL SCHWARTZ: Okay. And, during that period of time, did you report to the Bolden Area Command to begin your shift?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: And then at the end of you shift, you were let go from the Bolden Area Command location, correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: You didn't go back to the Traffic Bureau during those four weeks.

DAVID FIGUEROA: In the capacity of what—I did go back to Traffic Bureau.

DANIEL SCHWARTZ: Okay, probably a poor question, let me ask it again. You would start your day, during those four weeks leading up to your injury at the Bolden Area Command.

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: And then you would go elsewhere during the course of your shift.

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: And then your day would end at the Bolden Area Command.

DAVID FIGUEROA: Correct.

APPEALS OFFICER: But you were doing patrol.

DAVID FIGUEROA: I was doing patrol, yes.

APPEALS OFFICER: Okay.

DAVID FIGUEROA: Well, Traffic-

APPEALS OFFICER: Traffic, that's-

DAVID FIGUEROA: Traffic work as well.

DANIEL SCHWARTZ: Where do you live?

DAVID FIGUEROA: Northwest side of the valley.

DANIEL SCHWARTZ: Let me back up, sorry, again. In March of 2015, where did you live?

DAVID FIGUEROA: I lived at 5012 Sparkling Vine Avenue, which is Northwest.

DANIEL SCHWARTZ: Sparkling Vine Avenue.

DAVID FIGUEROA: yes.

DANIEL SCHWARTZ: During your time at the Bolden Area Command, the Appeals Officer just asked it but I have some follow-up questions, you were out—you would be out patrolling during your shift, correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: And, what would you be in while you were patrolling?

DAVID FIGUEROA: A patrol vehicle.

DANIEL SCHWARTZ: A squad car.

DAVID FIGUEROA: SUV, yes.

DANIEL SCHWARTZ: Okay. When you leave your house back then at Sparkling Vine Avenue and you would get to the Boulder [sic] Command—Bolden Command, excuse me, what would you do when you first got there? What do you do?

DAVID FIGUEROA: I'm sorry, could you repeat?

DANIEL SCHWARTZ: Back in March of 2015, and that's the area of time I'm focusing, when you would leave your home on Sparkling Vine Avenue and go to the Bolden Command, once you got there, what do you do? What's the first thing you do?

DAVID FIGUEROA: Oh, would change out into uniform.

DANIEL SCHWARTZ: Okay. So, you would ride from your home to the Bolden Area Command in civilian clothes?

DAVID FIGUEROA: Sometimes.

DANIEL SCHWARTZ: Is that the right term?

DAVID FIGUEROA: Yeah, that's the proper term. Sometimes civilian clothes, sometimes in full uniform.

DANIEL SCHWARTZ: Is there an area for you to change when you get there?

DAVID FIGUEROA: There is.

DANIEL SCHWARTZ: You would then change, sometimes into your uniform.

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: And then what happens next?

DAVID FIGUEROA: Then you would send a briefing.

DANIEL SCHWARTZ: Okay. Does the briefing—I'm not a police officer, so is it like the things we see on TV or somebody speaks to a whole group of individuals and kind of gives you an idea of what's going on for that day?

DAVID FIGUEROA: Yeah, we're briefed with—depending on the day it is, if we had our days off, of the prior activities that took place and police related issues that—outstanding suspects and things of that nature.

DANIEL SCHWARTZ: Okay. And then, after the briefing what happens?

DAVID FIGUEROA: Then you hit the streets.

DANIEL SCHWARTZ: So you get in to your patrol SUV and go out and do your job, in essence.

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: Okay. And then, at the end of your shift, you come back—I'm assuming you come back to the Bolden Area Command.

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: And, what's the general way that your shift ends?

DAVID FIGUEROA: Generally, you get—you have a debriefing.

DANIEL SCHWARTZ: Okay. And, is that kind of the opposite of the beginning, it's just you telling someone what happened during the day?

DAVID FIGUEROA: Not necessarily. You're handing in paperwork. The supervisor is taking a count to make sure that he has all of his police officers back and any pertinent information that needs to be exchanged at that point is exchanged and then you're released.

DANIEL SCHWARTZ: At that point, are you free to leave?

DAVID FIGUEROA: It depends.

DANIEL SCHWARTZ: Okay, it depends on what--

DAVID FIGUEROA: If there's training that has to be done, if there's computer work that has to be done, paperwork that is not properly filled out or corrections need to be made, if there's dictations, a number of things.

DANIEL SCHWARTZ: Okay. Once you get all your paperwork and training in order, are you then free to leave?

DAVID FIGUEROA: Yes, if you're told to by your supervisor.

DANIEL SCHWARTZ: Okay. So, your supervisor can tell you to stay or tell you to go.

DAVID FIGUEROA: I need you to stay, yes.

DANIEL SCHWARTZ: And, if he needs you to stay beyond the timeframe you were scheduled to work, you're going to actually get paid overtime, correct? Or you're supposed to get paid overtime?

DAVID FIGUEROA: Today's time, no. It's—well, it depends. They have different ways of compensation.

DANIEL SCHWARTZ: Okay. Is one of those ways that they'll then let you go early another day? Kind of catch up on the time.

DAVID FIGUEROA: Possibly, if that's an agreement that you and the supervisor--

DANIEL SCHWARTZ: Okay.

DAVID FIGUEROA: --agree to.

DANIEL SCHWARTZ: Once the supervisor says it's okay for you to—and I'm still focusing back in March of 2015--

DAVID FIGUEROA: Sure.

DANIEL SCHWARTZ: --at the Bolden Command. Once the supervisor says, it's okay for you to leave, then what do you, you personally, what do you do next?

DAVID FIGUEROA: Personally, it depends. I'll change out. Or, if I need to get home and time is—because I stayed longer, I'll leave in uniform. So, you have options that you can do.

DANIEL SCHWARTZ: Okay. How about on March 7th, did you change out?

DAVID FIGUEROA: I did.

DANIEL SCHWARTZ: You said that on March 7th, that you had a bag with you, is that correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: And, in that bag, you said was your handcuffs and some other assorted items?

DAVID FIGUEROA: Handcuffs and police radio and assorted items.

DANIEL SCHWARTZ: Okay.

DAVID FIGUEROA: Police related.

DANIEL SCHWARTZ: Would you normally take that bag back and forth from work to home, every single day?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: So, that's something that you as part of your routine, you would take the bag to work and then from work to home.

DAVID FIGUEROA: Well, you have the option to leave it in your locker, but me being a motorcycle police officer, I have a—a habit if you will, and I grab what I need, just in the event that something happens, I have a police radio with me and I have handcuffs with me. If I have to act upon a situation that requires a police officer, I have the necessary items.

DANIEL SCHWARTZ: Okay. But you could leave the bag at the Bolden Command that day.

DAVID FIGUEROA: With the exception—yes, I guess, with the exception of my service weapon and my radio. My radio, I have an option to leave it in my locker, if so be.

DANIEL SCHWARTZ: But your service weapon, I'm assuming you keep with you at all times.

DAVID FIGUEROA: Absolutely.

DANIEL SCHWARTZ: And, probably your badge as well, correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: So, that's nothing something that you would leave in your locker, no matter what you were doing, correct? I mean, if you were leaving on—let's assume you were leaving [crosstalk] you still wouldn't leave your service revolver and your service weapon and your badge in your locker, would you?

DAVID FIGUEROA: Depends, maybe. If I'm leaving on vacation.

DANIEL SCHWARTZ: Okay. On this particular day, you said your supervisor told you, you could leave early, correct?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Did he radio you, were you already in the Bolden Command Building? How did he tell you that logistically?

DAVID FIGUEROA: Inside the Area Command Building.

DANIEL SCHWARTZ: So, you had already come back from patrolling?

DAVID FIGUEROA: We had came back early and he advised us to go.

DANIEL SCHWARTZ: And, just so I understand, he and the Captain also told you that you had done enough acclimation from your injury to go back to Traffic, is that--

DAVID FIGUEROA: So, I was on a call that he showed up on, a patrol-related call.

DANIEL SCHWARTZ: Okay, which he?

DAVID FIGUEROA: I'm sorry, my Sergeant.

DANIEL SCHWARTZ: Okay.

DAVID FIGUEROA: And so, he advised me that he had a conversation with the Captain. He said that you were

telling my guys who—in this re-acclimation program, you were being kind of overseen as—as, I guess the word that I would use, by a field training officer. He said that you are telling my guys things that they should know. There's no reason you should be here. So, the Captain and I had a conversation and he signed your release papers effective—I don't recall if it was the shift or the shift after, but it was in close proximity, that you would be reporting back to the Traffic Bureau and there's no reason you should be there for the 12-16 week duration.

DANIEL SCHWARTZ: And, are those two individuals, your Sergeant and the Captain, are they the ones who have the authority to release you back from, to your old position?

DAVID FIGUEROA: I don't know for sure in terms of the Sergeant. I would assume he has to go through his chain of command, but the Captain of that Bureau is the, I guess would make the decision based on the information he receives from my immediate supervisor.

DANIEL SCHWARTZ: Okay. And, just so I understand, in essence, he was saying to you that you know more than the people who are supervising you--

DAVID FIGUEROA: I don't want to word it that way--

DANIEL SCHWARTZ: I'm wording it that way. Is that a fair statement?

DAVID FIGUEROA: Okay.

DANIEL SCHWARTZ: I'm not trying to breach the chain of command for you, I just want to understand--

DAVID FIGUEROA: I would like to put it that, there's nothing for you to re-acclimate to. You are up to speed and you shouldn't be here.

DANIEL SCHWARTZ: Okay. And so then, you're already in the command building, correct?

DAVID FIGUEROA: I am. Well, this conversation-

APPEALS OFFICER: No, no.

DANIEL SCHWARTZ: Okay, you're right.

APPEALS OFFICER: Okay.

DANIEL SCHWARTZ: This conversation happened on a call.

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: You then come back to the command building, at some point later, I'm not saying--

DAVID FIGUEROA: He advises me to come back.

DANIEL SCHWARTZ: Okay. Oh, so he actually told you after this call, come back.

DAVID FIGUEROA: Go in early, go get some seat time is what we call it, on a motorcycle, which because effective-the next shift or the shift after, I don't recall and that's when he explained to me that I had been released from this program.

DANIEL SCHWARTZ: Okay.

APPEALS OFFICER: I'm sorry, did you say 'seat'?

DANIEL SCHWARTZ: Seat.

APPEALS OFFICER: S-E-A-T?

DAVID FIGUEROA: Yes ma'am. On the motorcycle, it's--

DANIEL SCHWARTZ: So then your--

DAVID FIGUEROA: --jargon.

APPEALS OFFICER: It's kind of like, time in the cellar.

JASON MILLS: Euphemism.

DAVID FIGUEROA: Yes ma'am.

DANIEL SCHWARTZ: You're back at the command building.

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: And he tells you, you can leave early.

DAVID FIGUEROA: He says, go get time and if we need you, be close to your phone and I had my radio with me as well.

DANIEL SCHWARTZ: And, do you have a personal cell phone, is that what you mean by 'phone'?

DAVID FIGUEROA: Yes sir.

DANIEL SCHWARTZ: Or is there a work cell phone?

DAVID FIGUEROA: Personal cell phone sir.

DANIEL SCHWARTZ: And that—the same question I asked you about the radio earlier, I just want to make sure I'm clear, if you were to get a call at 2:30 in the morning, which is clearly not your shift on, on your personal cell phone that you need to come back, you don't have a choice but to come back, correct?

DAVID FIGUEROA: If my supervisor says, we need you back, I am going.

DANIEL SCHWARTZ: In your 10 years on the force, how many times has that happened?

DAVID FIGUEROA: Um. [pause] Count on one hand, five maybe-ish.

DANIEL SCHWARTZ: Mr. Mills asked you some questions about consuming alcohol. He asked you, up until 12:30, when your shift ended you're not allowed to consume alcohol, is that correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: Okay. After your shift ends, are you free to consume alcohol?

DAVID FIGUEROA: I am.

DANIEL SCHWARTZ: What is the policy, if you know, if you said a handful of times you got a call afterhours to come back, what happens if you'd been drinking? What's your response supposed to be when you get that call?

DAVID FIGUEROA: If—if I've been drinking, I would advise my supervisor of the fact that I'd been drinking.

DANIEL SCHWARTZ: And, do you have any idea what happens if that—if you do that?

DAVID FIGUEROA: I've never been in that position to know.

DANIEL SCHWARTZ: Okay. Are you told by your supervisor that you are to advise them of that fact, if that occurs? Or, is it just something that you would do?

DAVID FIGUEROA: I don't know if it's something your told, it's just—it's kind of an unspoken rule. I guess I would say, hey, you know, just so you know, I've been drinking.

DANIEL SCHWARTZ: How long, approximately, after you left, if you know, that night on March 7th, did this accident occur?

DAVID FIGUEROA: At what time did this accident—is--

DANIEL SCHWARTZ: How long after you had left the command center? The Bolden Command--

DAVID FIGUEROA: The general—the location of the accident, I would say is less than two miles, a mile and a half from the Bolden Area Command. So, 10 minutes, 5-10 minutes—well, not five minutes. Maybe 10 minutes, closer to.

DANIEL SCHWARTZ: And, you said there was another officer who was behind you, who later told you what had happened.

DAVID FIGUEROA: I knew I was involved in an accident and he explained what happened and he was able to make contact with the driver of the vehicle that--

DANIEL SCHWARTZ: Okay, was that Tyler McMeans, is that his name?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Was Officer McMeans on a motorcycle when this happened?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Was he on a police motorcycle when this happened?

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: He was on his own motorcycle?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Was he also going through an acclimation process with you?

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: Do you know why he was on his own motorcycle at that particular time?

DAVID FIGUEROA: No.

JASON MILLS: Objection, calls for speculation.

APPEALS OFFICER: If he knows.

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: You do not--

DAVID FIGUEROA: Why—it was his transportation.

DANIEL SCHWARTZ: To and from work?

DAVID FIGUEROA: Or to Point A and Point B, wherever he was going, I don't know.

DANIEL SCHWARTZ: Was he working at the Bolden Command at the same time you were?

DAVID FIGUEROA: He was.

DANIEL SCHWARTZ: Was he—did he work the same shift that you did at the Bolden Command?

DAVID FIGUEROA: He's—he was assigned at the time to the same squad and shift that I was in this program.

DANIEL SCHWARTZ: Okay. So, would that mean that if he was there when your accident happened, by 'there', I mean in the same general vicinity, he must've been let go early as well?

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Because he was on his—your recollection is he was on his own personal motorcycle.

DAVID FIGUEROA: Yes.

DANIEL SCHWARTZ: Okay. And you don't—do you ever ride your own personal motorcycle while on shift?

DAVID FIGUEROA: In Bolden Area Command? When I was working--

DANIEL SCHWARTZ: Let's start within Bolden Area Command.

DAVID FIGUEROA: Sometimes I've taken the motorcycle, sometimes I've drove a vehicle, car.

DANIEL SCHWARTZ: Okay. Maybe I'm not—I don't understand your answer so maybe I'll reask the question. When this accident happened, you were on your personal motorcycle, correct?

DAVID FIGUEROA: Correct.

DANIEL SCHWARTZ: Okay. As part of your job duties, are you ever required to use your personal motorcycle while, we'll call it on duty and not released early?

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: Okay. Do you know if Officer McMeans, because you were working with him at that time, was required to use his personal motorcycle while on duty and not released early?

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: No, you don't know or no, you--

DAVID FIGUEROA: No, he was not using his personal motorcycle for on duty.

DANIEL SCHWARTZ: Okay. Does the Department have anything to do with your selection of your transportation

from the command to your home? Do they provide you with anything?

DAVID FIGUEROA: No. A vehicle? No.

DANIEL SCHWARTZ: Okay. So, they don't—can you pick any kind of motorcycle you want?

DAVID FIGUEROA: No. To go home?

DANIEL SCHWARTZ: Let me start again. Your transportation to and from work, can you drive in any type of motorcycle you wish?

DAVID FIGUEROA: Sure.

DANIEL SCHWARTZ: Can you drive in any type of car you wish?

DAVID FIGUEROA: Sure.

DANIEL SCHWARTZ: Does the Department pay for any part of that commuting expense, cost of the car, cost of insurance, cost of gas, anything like that?

DAVID FIGUEROA: No.

DANIEL SCHWARTZ: So, you could live in St. George and commute back and forth if you wanted to.

DAVID FIGUEROA: Sure.

DANIEL SCHWARTZ: You talked a little bit about a duty to assist and Mr. Mills asked you and you said that's your moral duty, that's your duty as a police officer, is that—do you remember saying that?

DAVID FIGUEROA: Something along those lines. I said that that's my oath that I took to protect and serve this community that I am a part of.

DANIEL SCHWARTZ: Now, would that extend to at any point in time, during any day or do you think it's only during certain times when you're not technically in a police vehicle?

DAVID FIGUEROA: You're a police officer 24 hours a day, seven days a week.

DANIEL SCHWARTZ: Okay. So, you believe you have a duty to assist—again, if we're going back to your shift at the time this happened, your shift ends 12:30. 3:30 in the morning, if you hear something outside your house, you have a duty to assist as a police officer.

DAVID FIGUEROA: I wouldn't say—it's a case-by-case basis, but I have a duty to assist. There are exceptions and those exceptions for me are if my family is present.

DANIEL SCHWARTZ: Okay, when you say there are exceptions, is any of this like actually in a handbook or in a Rules and Regulations, that the Department makes you follow or is this just, you believe as a police officer, you have this duty?

DAVID FIGUEROA: I don't know if it's in any handbook, as you put it but, I'm speaking for my personal

belief and the oath that I took to serve the community that I am apart of.

DANIEL SCHWARTZ: Okay. I don't have any other questions, Your Honor.

APPEALS OFFICER: Mr. Mills, anything further?

JASON MILLS: Just briefly. If—if—I don't know if I asked you this on direct, but if you're being paid and on the clock and anyone from Metro superior team summons in, in that instance, do you have the discretion to refuse?

DAVID FIGUEROA: I do not.

JASON MILLS: Okay. Nothing further, Judge.

APPEALS OFFICER: I think I only had one question and I—I looked at my notes, I don't know if anybody asked it. When you were working your re-acclimation--

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: --assignment—

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: When did your shift begin? When you arrived at Bolden or when you left your home?

DAVID FIGUEROA: My shift began when I arrived at Bolden.

APPEALS OFFICER: Okay and your shift ended when you left Bolden?

DAVID FIGUEROA: My shift ended—

APPEALS OFFICER: On a normal day.

DAVID FIGUEROA: On a normal day, my shift ends at midnight—

APPEALS OFFICER: 12:30 in the morning.

DAVID FIGUEROA: Yes ma'am.

APPEALS OFFICER: Right. But once you—once you leave Bolden and you're headed home, you're not considered on the clock, correct?

DAVID FIGUEROA: I'm—

APPEALS OFFICER: Except the day of your accident.

DAVID FIGUEROA: Right. We're on the hook. So, in other words, because my shift is still ongoing, I can be called back and this has happened, we need you to put your uniform back on and head to so and so.

APPEALS OFFICER: I guess I'm a little confused because your scheduled to work a particular—2:30 in the afternoon to 12:30 in the morning.

DAVID FIGUEROA: Yes.

APPEALS OFFICER: So, on a regular day, you would leave at 12:30 in the morning, whether or not you were in uniform or not and you're headed home.

DAVID FIGUEROA: Yes.

APPEALS OFFICER: You're not technically on your shift, during that time period, are you?

DAVID FIGUEROA: If it's after 12:30—

APPEALS OFFICER: After 12:30.

DAVID FIGUEROA: I'm not on my shift.

APPEALS OFFICER: Maybe I wasn't clear, okay. But the night that you were headed home, you were let go—

DAVID FIGUEROA: I was still on my shift.

APPEALS OFFICER: --early. And I think Counselor, correct me, did the accident occur at 12:25?

DAVID FIGUEROA: 22.

APPEALS OFFICER: 12:22?

DAVID FIGUEROA: I believe.

DANIEL SCHWARTZ: That's what the—the—[crosstalk]

APPEALS OFFICER: I saw military time—

DANIEL SCHWARTZ: Right. The C1 Form says the accident happened at 1513.

APPEALS OFFICER: Okay.

DANIEL SCHWARTZ: There was another one, the C3 Form says it happened at 1513. The C4 Form doesn't have a—oh, wait.

JASON MILLS: That can't be—that can't be right. That's the afternoon.

APPEALS OFFICER: I can't read it.

DANIEL SCHWARTZ: Oh, the wrong one, my fault.

APPEALS OFFICER: 1:30 PM.

DANIEL SCHWARTZ: Hold on. Sorry, that's what happens when I look at somebody else's—

APPEALS OFFICER: Oh, that's the wrong injury, hold on.

DANIEL SCHWARTZ: Right, exactly.

APPEALS OFFICER: Because the one that I saw the C3 for this incident is at 8:13.

DANIEL SCHWARTZ: Yeah. The C4 Form which is on Page 12 of Exhibit 1 doesn't have a time. The C3 Form, which is on Page 13 of Exhibit 1 says 0025, which would be 12:25.

APPEALS OFFICER: Which--

JASON MILLS: 12:25.

APPEALS OFFICER: 12:25 AM, correct?

DANIEL SCHWARTZ: And the C1 Form, which is on Page 14 says, 0025, reported at 0028.

APPEALS OFFICER: Okay. All right, sorry. I just wanted—is anyone ordering a transcript? I didn't want to interrupt so much. I just—

DANIEL SCHWARTZ: We had—I don't think we're done yet, but we had talked earlier about doing briefs—

APPEALS OFFICER: Right.

DANIEL SCHWARTZ: If we're going to do briefs, then I will order a transcript.

JASON MILLS: Yeah. As I will—unless you [crosstalk]

DANIEL SCHWARTZ: Excuse me, you don't need—I mean, I'll order it. I'm assuming you want me to submit it.

APPEALS OFFICER: Yes.

DANIEL SCHWARTZ: So, I'll submit it as an evidence packet.

JASON MILLS: I'm good with that.

DANIEL SCHWARTZ: There are no costs associated with it, so. You're okay paying for it, [inaudible]

APPEALS OFFICER: All right. So, are we finished with Mr. Figueroa?

JASON MILLS: Yes, Your Honor.

APPEALS OFFICER: Okay sir, thank you very much. You may be seated.

DAVID FIGUEROA: Thank you.

APPEALS OFFICER: Mr. Mills, do you have any further witnesses?

JASON MILLS: No, Your Honor, no ma'am.

APPEALS OFFICER: Mr. Schwartz?

DANIEL SCHWARTZ: I'm going to call Jeff, briefly.

APPEALS OFFICER: Counsel, does anybody—

DANIEL SCHWARTZ: Do you care if he stays?

APPEALS OFFICER: Does anybody object if he stays at Counsel table?

JASON MILLS: I don't have a problem with it.

APPEALS OFFICER: Okay.

DANIEL SCHWARTZ: Will you let us know if we're not talking loud enough into the microphone?

APPEALS OFFICER: Actually, it's close enough, you're sharing it. I think you should be fine. I will let you know though.

DANIEL SCHWARTZ: Okay.

APPEALS OFFICER: All right. Sir, raise your right hand. Do you solemnly swear or affirm the testimony you're about to give in this matter should be the truth, the whole truth and nothing but the truth?

JEFF ROCH: I do.

APPEALS OFFICER: State your name please?

JEFF ROCH: Jeff Roch, R-O-C-H.

APPEALS OFFICER: Okay, thank you. Mr. Schwartz?

DANIEL SCHWARTZ: And, Mr. Roch, where do you currently work?

JEFF ROCH: I work for Las Vegas Metropolitan Police Department.

DANIEL SCHWARTZ: And how long have you worked for the Las Vegas Metropolitan Police Department?

JEFF ROCH: Twenty years.

DANIEL SCHWARTZ: What's your current job title at the Las Vegas Metropolitan Police Department?

JEFF ROCH: I'm currently the Director of Risk Management.

DANIEL SCHWARTZ: Okay. And, is that a primarily desk job?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Prior to being the Director of Risk Management, what was your—what other experience have you had at Las Vegas Metropolitan Police Department?

JEFF ROCH: Prior to this position, I was assigned to the Traffic Bureau.

DANIEL SCHWARTZ: And, what did you do at the Traffic Bureau?

JEFF ROCH: I was a motorcycle officer until I was involved in an accident.

DANIEL SCHWARTZ: And, how long were you a motorcycle officer?

JEFF ROCH: One year.

DANIEL SCHWARTZ: And so, you've been the Director of Risk Management for 19 years?

JEFF ROCH: Actually, I was in Risk Management—well, I was three years in patrol and traffic, two years in Risk Management before I became the Director.

DANIEL SCHWARTZ: Okay. So, you were—you were a motorcycle officer and you were also a non-motorcycle officer.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Okay. Are you familiar with the—as the Risk Manager, with Las Vegas Metropolitan Police Department policies about letting officers go home early.

JEFF ROCH: Yes, more procedures than policies.

DANIEL SCHWARTZ: Okay. So, wrong term, it should be procedures?

JEFF ROCH: Well, I'm not aware of a written policy on when an officer would leave, particularly in this case.

DANIEL SCHWARTZ: But you're aware of the procedures.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Okay. You've heard Mr. Figueroa testify that his Sergeant called him in and said, you can leave early. Is that uncommon within the Las Vegas Metropolitan Police Department?

JEFF ROCH: No.

DANIEL SCHWARTZ: And, why do supervising officers allow subordinate officers to leave early?

JEFF ROCH: Well, sometimes it will be that they came in early. Sometimes it will be that they stayed late within the previous couple of days. Sometimes it's a reward for a good case. It's commonly referred to as EO or Early Out.

DANIEL SCHWARTZ: Okay. And, do they continue—do the officers continue to get paid up until the time their shift ends?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Are they subject to any—I don't want to talk about recall yet because I'll get there in a second, but once they're let go, an EO, are they free to do whatever they want to do?

JEFF ROCH: Yes, within reason.

DANIEL SCHWARTZ: What's the reason? I mean, what's the within reason.

JEFF ROCH: It wouldn't be real wise to start drinking or have alcohol if you're still on the clock.

DANIEL SCHWARTZ: Okay. You've heard Officer Figueroa talk about potentially having to be called back--

JEFF ROCH: Yes.

DANIEL SCHWARTZ: --when you get an EO, is that correct, according to procedures?

JEFF ROCH: I'm not aware of it ever happening. Generally, when we're talking about EO or timeframe, it is within the last hour of the shift. Sometimes it's been a couple of hours. I think I've been the benefit of that over the years. But generally, it's within that last hour where nothing much is going to happen. The shift is done. Particularly near the end of the week, on a—what we call a Friday, whatever day of the week that lands for folks. Sometimes as a reward or if the other shift has come and taken over the calls for service and they were slow. Sometimes the Sergeant would be—particularly in Traffic, what they would call it is the wave, whenever the paperwork was done, all checked and turned in, you would get what they called the wave and that would be anywhere from 12:15 to 12:30, to 12:45, depending on when your shift ended.

DANIEL SCHWARTZ: Okay. You've heard Officer Figueroa about a bag that he would pick up that would have his police radio, some other—handcuffs and some other department items in it. Are they—are officers prohibited from taking department items home with them when their shift is over?

JEFF ROCH: No.

DANIEL SCHWARTZ: Are they allowed to take items home with them when their shift is over?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: What about service weapons, are they required to leave those at their place of employment or are they required to take those home?

JEFF ROCH: No requirement, they can take it wherever they want to take it.

DANIEL SCHWARTZ: Okay. To the best of your knowledge, do Officers generally leave it in their officers, or do they take them out?

JEFF ROCH: I think it's a personal preference, but I think most officers transport it with them.

DANIEL SCHWARTZ: Okay. How about their badges, is that something that—that they're allowed to take home with them or are they required to leave those at the—wherever they're stationed?

JEFF ROCH: No, you're allowed to take them anywhere you want.

DANIEL SCHWARTZ: Okay. You've also heard Officer Figueroa testify about a duty to assist implicit in his oath. 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?

JEFF ROCH: It'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 the event, something happened in front of you, the expectation is, 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. It really is dictated by the threat or the situation that is presented.

DANIEL SCHWARTZ: But what is required is that you be a good witness and that you call whatever is going on in.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: 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.

JEFF ROCH: Correct.

DANIEL SCHWARTZ: We talked a little bit with Officer Figueroa about being called back in, even after his shift has ended. What—what's—I'm not sure what the right term is to ask you this, but is that—is what Officer Figueroa said correct? That any officer can be called in,

at any point in time, during any day, is that about—a fair way of saying it?

JEFF ROCH: Well, I believe what he's referring to is, a B-roster activation, if we had a large scale event.

DANIEL SCHWARTZ: Okay, can you say that slower so we can make sure we can get the record?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: I'm sorry.

JEFF ROCH: We call it an A, B and C Roster. And so it's, officers are set up and if we had a large scale activation for say a terrorist event or our last time that we did it was in June of 2014 when we had both of our officers killed.

We would move to a 12-hour shift, but they would take a rotation. So, our on-duty officers would work to stabilize anybody that would be normally on-call for their position would be called first. We would stabilize and then over the course of 12-24 hour period, we would begin to activate the A, B, C Roster, which would put officers on mandatory seven days a week, 12-hour shifts on, 12-hour shifts on [sic] and we would split—it's all pre-planned, so we would split who would be on from 6:00 AM to 6:00 PM. And then from 6:00 PM to 6:00 AM. So, there would be coverage on both events.

DANIEL SCHWARTZ: And, that's something that is put into place only in the event of certain catastrophic events.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: So, again, in Officer Figueroa's case, if his supervising officer just didn't have enough manpower, he doesn't have the ability to call Officer Figueroa on his day off and say, come in, or does he?

JEFF ROCH: Not—well, on his day off, there would be a reason why we would call him on his day off. I think the testimony on this one, what they narrowed it to was the last hour and 45 minutes of the shift, that he would've been and I think it would be fairly tough to bring folks back that were within that last 45 minutes of just completing their shift.

So, I'm not aware of it happening. Can it happen? I'm sure anything can happen.

DANIEL SCHWARTZ: I guess my question is, if Officer Figueroa, if this was his Friday, meaning he's not working the next two days, is there anything within the policies and procedures that you're aware of that his supervising officer just—just Officer Figueroa, not a catastrophic event, can call up Officer Figueroa on his day off and say, I just want you to come in to work today?

JEFF ROCH: I'm not aware of that.

DANIEL SCHWARTZ: Okay. Officer Figueroa answered these questions but just again, for—on behalf of the Las Vegas Metropolitan Police Department, do you provide any vehicles, personal vehicles, do you have anything to do with the personal vehicles for the officers traveling to and from work?

JEFF ROCH: No.

DANIEL SCHWARTZ: Do you provide any kind of stipend for their travel to and from work?

JEFF ROCH: No.

DANIEL SCHWARTZ: Do you provide them with gas money for their travel to and from work?

JEFF ROCH: No.

DANIEL SCHWARTZ: How about insurance for their cars?

JEFF ROCH: No.

DANIEL SCHWARTZ: Do you have a say, and by 'you', I mean the Las Vegas Metropolitan Police Department, in what an officer, like Officer Figueroa drives to or from work?

JEFF ROCH: No.

DANIEL SCHWARTZ: Can you mandate that he get a motorcycle because he drives a motorcycle for work?

JEFF ROCH: No.

DANIEL SCHWARTZ: There's nothing in your policies or procedures that allow you to do that?

JEFF ROCH: No.

DANIEL SCHWARTZ: Okay. I don't have any other questions, Your Honor.

APPEALS OFFICER: Mr. Mills.

JASON MILLS: Yes. So, you said, usually when they're given time off, it's an Early Out, is that what you called it? An EO?

JEFF ROCH: Yeah.

JASON MILLS: And, it—that's usually done for what reasons?

JEFF ROCH: It could be any number of reasons. We could be at the end of the week and everybody worked hard. It could be that somebody stayed over a shift or was early or just could be a reward from the supervisor for a good case, or hard work during the week.

JASON MILLS: So, it could be for a number of reasons.

JEFF ROCH: Yes.

JASON MILLS: You heard him testify what the reason was that he was given an early out was, right?

JEFF ROCH: Yes.

JASON MILLS: And that was to get additional seat time because he was getting transferred back to Motors.

JEFF ROCH: That's what I heard.

JASON MILLS: Would that make sense?

JEFF ROCH: I've never heard it quite like that, where they say, go get seat time, but if he represents that the Sergeant said that, I don't know, I wasn't there.

JASON MILLS: That's not against company policy or Metro's policy to do that.

JEFF ROCH: I don't—it would be because I don't know why you would mix personal with work, but seat time on a personal bike is a whole lot different than seat time on a Metro bike.

JASON MILLS: Yeah, that's not my question. I'm asking you, is it against company policy to allow someone to leave early out and instruct them to go get extra seat time?

APPEALS OFFICER: If you know.

JEFF ROCH: I don't. I don't know if there's a policy on that or not.

JASON MILLS: Okay. Is it accurate to say while he was still, during his shift and his supervisor called him back—not whether or not it's normal, but if he

would've done that, could he have refused him and said, absolutely not, not coming back and subject himself to no discipline?

JEFF ROCH: I don't know for certain but I would venture to say that there would be an internal affairs investigation and they would look at the totality of the event and there would be a conclusion after Officer Figueroa was provided his rights and provided a statement.

JASON MILLS: Okay. That would be during his shift?

APPEALS OFFICER: I don't understand.

JEFF ROCH: I don't understand the question.

DANIEL SCHWARTZ: I understand what he's saying.

JASON MILLS: Okay. He had an early out that evening.

JEFF ROCH: Okay.

JASON MILLS: Right?

JEFF ROCH: Yes.

JASON MILLS: So—and he was paid until 12:30 because his shift was until 12:30.

JEFF ROCH: Yes.

JASON MILLS: So, he was released early, whether it's a half-hour, 45 minutes.

JEFF ROCH: Okay.

JASON MILLS: Right?

JEFF ROCH: Yes.

JASON MILLS: If his supervisor had called him back, during that time period and he received that phone call, would he be able to tell him, absolutely not, I'm not coming back. And it would be at his discretion to do that and he would receive no discipline whatsoever?

JEFF ROCH: I don't think I can answer that. I think it depends on multiple factors.

JASON MILLS: And those factors would be?

JEFF ROCH: Would be—well, in this particular case, the accident happened at 12:25, so had his supervisor called him at 12:25, would he have had a right to refuse it, he was probably more than five minutes away from the station and that would've put him towards the end, so I think the answer is, it would be based on a totality of circumstances and that's why I think it would be appropriate for Internal Affairs to just do their investigation. I mean, it's a hypothetical. I can't say for certain that a supervisor would or would not discipline him in the timeframe that we were talking.

JASON MILLS: But, Internal Affairs would get involved.

JEFF ROCH: Yes, if they started a complaint. Yes, they would.

JASON MILLS: And they would have the right to initiate a complaint, if he refused, during his shift hours?

JEFF ROCH: Yes.

JASON MILLS: Okay, nothing further Judge.

DANIEL SCHWARTZ: And, just to follow-up on that, you've already identified that there are times when Officers who are not on-duty as a group are required to come on duty, correct?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Like, the unfortunate situation that happened in 2014.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: If they called an officer when that happened and the officer said, I'm not coming in, what would happen?

JEFF ROCH: There would be an Internal Affairs investigation.

DANIEL SCHWARTZ: So, it doesn't really matter if they're on duty or off-duty, if they're called in and they say no, someone is going to—has the right to file a—to initiate a complaint?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Okay.

JASON MILLS: I—

DANIEL SCHWARTZ: Do you want to jump in, I don't mind?

JASON MILLS: May I—

DANIEL SCHWARTZ: I'm not quite done, but if you have a question, let's just keep him in the same area.

JASON MILLS: You had indicated that if he was off-duty and the supervisor did call him, then he would have no duty to respond. So, why would an Internal Affairs investigation begin?

DANIEL SCHWARTZ: Maybe you didn't understand my question, maybe I can ask it better.

JASON MILLS: Okay.

DANIEL SCHWARTZ: I was asking in the situation that he had described with the two officer fatalities, where they actually called in groups—

APPEALS OFFICER: Where the A, B, C Roster is.

DANIEL SCHWARTZ: Yeah.

JEFF ROCH: I understand.

DANIEL SCHWARTZ: I'm asking, in that scenario, when they're not on duty but they're called in because of some kind of tragedy or catastrophic event and they say, an officer—a specific officer says, no I'm not coming in, if

that would—could—would lead to the same potential discipline.

APPEALS OFFICER: You know, I'm not—and I mean no disrespect by this, I'm not sure we have the right witness for that. I don't know, I mean—I mean, in terms of Internal Investigations or something like that, are there written policies regarding this or is it just generally known?

DANIEL SCHWARTZ: Regarding return to--

APPEALS OFFICER: Right. The refusal to come in, whether it's the refusal to come back or come in, I mean, I don't know if—

DANIEL SCHWARTZ: Do you want me to find out if there's a written policy, is that what you're asking? I don't know the answer, Your Honor.

APPEALS OFFICER: Okay. Yeah, but I mean, actually, I mean, what if somebody is—you know, they get the call on their personal phone. I don't know if that's normal, but and their in New York on vacation and they say, I'm in New York on vacation, I'm not coming back. Does that result in an Internal Affairs investigation? I mean, I don't know—

DANIEL SCHWARTZ: I think there has to be a complaint by a supervising officer, in order for there to be an Internal Affairs investigation.

APPEALS OFFICER: Oh, okay.

DANIEL SCHWARTZ: It's not just, some dispatcher called me and said, come in and I said, I can't come in and then you're suddenly subject to—I think Mr. Roch used the term, complaint.

APPEALS OFFICER: Okay. Okay, got it. Okay.

DANIEL SCHWARTZ: I think there has to be a complaint but if you want more back-up documentation, Your Honor, I don't mind looking for it.

APPEALS OFFICER: No, I don't think—that answers my question, actually. How the IA investigation starts, it has to be based on a complaint. Okay.

DANIEL SCHWARTZ: Did I?

JASON MILLS: Yeah, that's fine.

DANIEL SCHWARTZ: Is your question good now?

JASON MILLS: Yes.

DANIEL SCHWARTZ: Okay. I'm not being facetious.

JASON MILLS: No, no, I'm good.

DANIEL SCHWARTZ: And I just have one other question because you said something in cross-examination that kind of puzzled me. So, Officer Figueroa's shift was scheduled to end at 12:30 AM, according to the documents we have.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: So, that means, he's done at 12:30 AM, is that a fair statement?

JEFF ROCH: Fair.

DANIEL SCHWARTZ: If this accident, according to the documents we had happened somewhere around 12:25 AM.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Are they—I'm trying to figure out, if he's more than five minutes away and he gets a call, it's going to take him more than five minutes to get back to the command, which means he's now working overtime, correct?

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Okay. So, in order for them to call him back, if it takes him longer to get back then his—and it goes beyond his shift, he's now getting paid overtime.

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Is that--

JEFF ROCH: Yes.

DANIEL SCHWARTZ: Okay. So, if your shift ends at 12:30 and you have to work up until 12:35, you're getting five minutes of overtime.

JEFF ROCH: Well, five minutes is probably not. That's where they would do an adjust or something along that line. They wouldn't pay you five

minutes of overtime. I think overtime goes in increments of 15 minutes, so they would either say 15 minutes or no overtime or I'll help you out down the road.

DANIEL SCHWARTZ: Okay. I don't have any other questions.

JASON MILLS: I have one other, Judge. You also indicated that you should—until your paid shift ends, you shouldn't drink, that wouldn't be reasonable. Is that accurate to say?

JEFF ROCH: That's accurate.

JASON MILLS: So, up until 12:30, even though he's out 45 minutes, he's shouldn't be drinking alcohol.

JEFF ROCH: Well, I guess, better said is, if he's going to be armed, it is a misdemeanor to be intoxicated and be in possession of a firearm. So, whether you're on your shift or off your shift, we've had some issues in the past where folks are intoxicated with their firearm. So, if you're going to have your firearm, whether on duty or off duty, never a good idea to drink if you're going to have a firearm.

JASON MILLS: Without a firearm.

APPEALS OFFICER: There's no question, there's no issue of this officer having consumed anything. This is this more a question of protocol.

DANIEL SCHWARTZ: And, just so we're clear for the record, Your Honor, absolutely not. There's no allegation whatsoever.

APPEALS OFFICER: I didn't see anything in the ER records—

DANIEL SCHWARTZ: And, I don't think Mr. Mills is making that statement, I just—

JASON MILLS: No, the *Teague* case had drinking involved, that's why I'm—

APPEALS OFFICER: Right, right, okay.

DANIEL SCHWARTZ: Right. I just wanted to make sure Your Honor is clear for the record, there's no allegation on our side and I'm assuming not on Mr. Mills' side.

APPEALS OFFICER: That's where I thought you were going with this, so I just wanted to make sure I didn't miss something in the medical records, okay.

JASON MILLS: No Judge, no.

APPEALS OFFICER: All right.

JASON MILLS: So, again, when an officer's shift, during his scheduled shift, he's expected not to drink during his scheduled hours of work.

JEFF ROCH: Yeah.

JASON MILLS: Correct?

JEFF ROCH: Correct.

JASON MILLS: Okay, nothing further.

DANIEL SCHWARTZ: I don't have any follow-up, Your Honor.

APPEALS OFFICER: I don't have anything else. All right, Mr. Roch, thank you very much for your testimony.

JEFF ROCH: Thank you.

APPEALS OFFICER: Mr. Schwartz, do you have other—

DANIEL SCHWARTZ: I don't have any other witnesses, Your Honor.

APPEALS OFFICER: Okay. We're running about two to three weeks, I think right now on transcripts, unless you know of anything differently.

DANIEL SCHWARTZ: That's if you're lucky.

APPEALS OFFICER: Okay. SO, if we're not lucky a month—

DANIEL SCHWARTZ: I was going to say, I was told yesterday that if I wanted a transcript expedited because in a particular case I wanted it expedited, that it's five days for expedited, because whoever the transcript service that's being used is one woman. It could be one man. I don't mean to say because it's a woman, but it's one person and apparently, she had a lot of transcript orders.

APPEALS OFFICER: Hmm.

DANIEL SCHWARTZ: So—

APPEALS OFFICER: News to me.

DANIEL SCHWARTZ: I was told this yesterday because I had the same question.

APPEALS OFFICER: News—

DANIEL SCHWARTZ: I was a little fired up and wanted a transcript very quickly and was told—

APPEALS OFFICER: News to me. Okay.

JASON MILLS: It was going to take a month?

DANIEL SCHWARTZ: It will probably take two to three weeks to get the transcript.

APPEALS OFFICER: Okay. Then, I'm just trying to set your briefing schedule.

DANIEL SCHWARTZ: Conservatively.

JASON MILLS: Okay. And I'm gone June 15th to July 15th.

DANIEL SCHWARTZ: He's doing the transcripts.

JASON MILLS: No, I'm just saying.

DANIEL SCHWARTZ: I'm kidding.

APPEALS OFFICER: Ha!

DANIEL SCHWARTZ: I said, you're doing the transcripts.

JASON MILLS: Yes, I'm going to get a second job.

APPEALS OFFICER: I'm thinking June 15th—I don't know how to type, so count me out. June 15th, your—it's going to be really difficult—

DANIEL SCHWARTZ: I don't mind—I don't want Mr. Mills to have to either A) worry about doing it—a brief while he's on vacation.

APPEALS OFFICER: On vacation.

DANIEL SCHWARTZ: Or, B)—

APPEALS OFFICER: We're not that cruel.

DANIEL SCHWARTZ: --kill himself the day before he leaves to get the brief done. So, if it's okay with Mr. Mills, we can do it after he gets back.

APPEALS OFFICER: And, when do you come back, I'm sorry?

JASON MILLS: 15th of July.

APPEALS OFFICER: End of July.

JASON MILLS: 15th.

APPEALS OFFICER: No, no, no. I'm just thinking aloud for when it would be due. Do you want simultaneous or do you want—

JASON MILLS: I'm fine with simultaneous.

DANIEL SCHWARTZ: Simultaneous is fine, if you want the end of July, that's fine.

APPEALS OFFICER: First week of August, I'll pick a date in there.

JASON MILLS: Perfect.

APPEALS OFFICER: And, I'll just issue a briefing order.

DANIEL SCHWARTZ: Okay.

JASON MILLS: And, Dan, you're going to get the transcript and you'll file it-

DANIEL SCHWARTZ: I'll submit it as an Exhibit.

JASON MILLS: And you're going to get me the old-

DANIEL SCHWARTZ: I'm going to get you Lisa's packet which just has two little marks on it.

JASON MILLS: All right, cool.

APPEALS OFFICER: All right, Counsel, thank you very much. The matter will stand submitted upon receipt of your briefs. I will issue my decision within 30 days. Thank you and we are-

[end of proceeding 3:12:28]

CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby certify that the attached proceedings before the Judge,

In the Matter of the: Contested Industrial Insurance Claim,	Claim No.: 15D34E72969
of	Appeal No.: 1511793-MM
DAVID FIGUEROA, Claimant	

were held as herein appears and that this is the original transcript thereof and that the statements that appear in this transcript were transcribed by me to the best of my ability.

I further certify that this transcript is a true, complete and accurate record of the proceeding that took place in this matter on May 10, 2017 in Las Vegas, Nevada.

Jaime Caris
Always On Time
September 10, 2018

NEVADA DEPARTMENT OF ADMINISTRATION

FILED
JUL 25 2018
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 6831 HILLSTOP CREST CT. LAS VEGAS, NV 89131, Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE 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:

DOC004

FINDINGS OF FACT

1. The claimant has multiple prior industrial claims. Upon information and belief, the first of these claims has a date of injury of August 27, 2010.

2. The claimant had another industrial injury which occurred on March 15, 2011, 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.)

3. Dr. Quaglieri performed a permanent partial disability (hereinafter referred to as "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.)

5. The claimant filed another Form C-4 for his back on December 17, 2012. The 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.)

7. In the instant matter, on March 7, 2015, according to the Form C-4 form, the 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.)

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.

4. Under NRS 616C.150(1), the claimant has the burden of proof to show that the 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.

5. NRS 616A.030 defines an accident as ". . . an unexpected or unforeseen event 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 . . ."

6. 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."

8. 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.

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 life.

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. 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.

13. A second case which is of particular import to the current matter is Tighe. In 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 Tighe 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 Hanstein v. City of Ft. Lauderdale, 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."

17. The instant case is distinguishable from Tighe. To begin with, claimant was 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 Tighe. 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 Tighe 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.

18. On March 7, 2015, claimant was employed as a traffic Police Officer by 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

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))

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.

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.)

30. 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 Tighe, 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

personal choice to carry it with him and was in no way required to have it while he was off duty. Claimant does not satisfy the law enforcement exception to the going and coming rule.

DECISION AND ORDER

The claimant, DAVID FIGUEROA, has failed to establish a compensable industrial claim.

IT IS HEREBY ORDERED that Administrator's April 9, 2015 determination to deny the claim is AFFIRMED.

IT IS SO ORDERED.

DATED this 25th day of July, 2018.

APPEALS OFFICER

MICHELLE L. MORGANDO, ESQ.

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.

Submitted by:

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 W. Sahara Avenue, Ste. 300, Box 28
Las Vegas, NV 89102
Attorneys for Employer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, 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 appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

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Dated this 25th day of July, 2018.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

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July 11, 2018

File No. : 33307-117

Appeals Officer Michelle Morgando, Esq.
Nevada Department of Administration
Appeals Division, Appeals Office
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FILED
JUL 11 2018
APPEALS OFFICE

RE: Claimant : David Figueroa
Employer : LVMPD
Claim No. : 15D34E72969
Appeal No. : 1511793-MM

Dear Appeals Officer Morgando:

Attached for your review is the proposed Decision and Order in the above-referenced matter. In the event that modifications to the document become necessary, I will amend the Decision and Order at your direction.

Please withhold signing this Decision and Order for a period of five (5) days to allow opposing counsel the opportunity to review it.

Thank you for your time and attention in this matter. If you have any questions or comments regarding this letter, please feel free to contact me.

Very truly yours,

Daniel L. Schwartz, Esq.
LEWIS BRISBOIS BISGAARD & SMITH LLP

DLS:jhb
Enclosure
cc: Jason D. Mills, Esq. (Via Electronic Mail)

DOC 005

Brian Sandoval
Governor

Patrick Cates
Director

Michelle L. Morgando, Esq.
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June 5, 2018

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS, NV 89102-4375

Re: David Figueroa
Appeal No. 1511793-MM

Dear Mr. Schwartz:

Based upon a review of the testimony and documentary evidence herein, I am requesting that you prepare a Decision and Order for my signature that **AFFRIMS** the third-party administrator's determination letter dated April 9, 2015.

On March 7, 2015, the Claimant was employed as a traffic Police Officer by the Las Vegas Metropolitan Police Department ("LVMPD"). The Claimant was assigned to the Bolden Area Command in a re-acclimation program due to injuries he suffered as the result of a prior industrial injury. The Claimant was scheduled to work from 2:30 p.m. to 12:30 a.m. On that date, the Claimant was informed by his supervisor that the re-acclamation program was ending and that the Claimant would be returned to his previous area command and resume his motorcycle traffic duties.

DOC006

At approximately 11:45 p.m. on May 7th, the Claimant was given an "early out" by his sergeant. The Claimant testified that his 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 12:25 a.m. The Claimant was still on the clock at the time of the accident.

I have carefully reviewed the closing brief of the parties and agree with your legal analysis. While the Claimant was still "on the clock" at the time of the accident, this fact alone does not establish an exception to the coming and going rule. The Claimant argued that because his sergeant told him to go get some more "seat time" that he was conveying a benefit to the employer and was under the control of the employer at the time of the accident. I respectfully disagree. The Claimant left in civilian clothes on his personal motorcycle. The Claimant was not instructed to take a LVMPD motorcycle or to go get "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 the Claimant's co-workers Tyler Means, also was given an early out and left on his own personal motorcycle at the same time as the Claimant.

Please prepare a Decision and Order consistent with the above and your written argument and provide a copy to all parties pursuant to NAC 616C.306. I will look for the proposed Decision and Order on or before June 29, 2018.

Very truly yours,

MICHELLE L. MORGANDO, ESQ.
Appeals Officer

MLM: zam

cc: Jason Mills, Esq.

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

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2017 SEP -7 PM 4:06
STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E72969 Appeal Nos.: 1511793-MM

CERTIFICATE OF MAILING

I hereby certify that on the 7 day of September, 2017 a true and correct copy of the **CLAIMANT'S SIMULTANEOUS CLOSING BRIEF** was deposited in the United States mail, proper postage prepaid to the following:

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Neeman & Mills, PLLC

DOC 007

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15d34E72969 Appeal Nos.: 1511793-MM

STATE OF NEVADA ADMINISTRATION HEARINGS DIVISION
17 SEP -7 PM 4:07
RECEIVED AND FILED

CLAIMANT'S SIMULTANEOUS CLOSING BRIEF

COMES NOW, DAVID FIGUEROA("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ., of the law firm of NEEMAN & MILLS, PLLC, and hereby submits this CLAIMANT'S SIMULTANEOUS CLOSING BRIEF pursuant to the Appeals Officer's May 16, 2017 Order for Simultaneous Briefs to be filed and submitted by the close of business, Friday, August 4, 2017.

I. ISSUES TO BE DECIDED

The legal issue before this Appeals Officer is claim denial. That issue turns on whether the Claimant's injuries arose out of and in the course of his employment at the time of his injury. It is Claimant's position that Claimant, a Police Officer, injured while still legally "on the clock", and conferring benefits during travel to the employer makes a Tigue analysis proper and applicable to the case at bar thus rendering the claim compensable.

1511793-MM: Stems from Claimant's timely appeal of the Employer's April 9, 2015 claim denial determination. The Hearing Officer was bypassed.

II. STATEMENT OF FACTS

David Figueroa (hereinafter "Claimant") has been employed as a traffic Police Officer with the Las Vegas Metropolitan Police Department since, approximately November 5, 2006. *See* Claimant's 1, p. 67 and Transcript of Proceedings, May 10, 2017 (hereinafter "Trans"), p. 7, lines 2-9.

On March 7, 2015 Claimant was working at the Bolden Area Command, re-acclimation program. *See* Trans, p. 8, lines 16-17. Prior to that date, Claimant had a previous industrial injury to his lumbar spine that resulted in a fusion of his L5/S1 spine. *See* Trans, p. 9, lines 6-18. While his regular duties prior to the first industrial accident (not at issue in this appeal) required Claimant to operate a motorcycle on the job, the re-acclimation unit duties, did not. *See* Trans p. 9, lines 19-25, and p. 10, lines 1-4. On the evening of March 7, 2015 Claimant was scheduled to work from 2:30 pm until 12:30 am. *See* Trans, p. 10, lines 5-12.

Claimant learned from supervisor sergeant that his captain had determined that the 12-16 week re-acclimation program would not be necessary for Claimant to complete and thus was being returned to his regular working division and traffic duties (effective within his very next shift or two); which being reassigned to his old command would again require riding and operating a police motorcycle cruiser. *See* Trans, p. 11, lines 20-25. In fact, his sergeant had specifically instructed him to leave his shift early that evening at approximately 11:45 pm, so as to get extra time on his motorcycle to ready Claimant for returning to motorcycle duty; expressly to "...get some practice time on your motorcycle..." and to get additional "...seat time...". *See* Trans, p. 21, line 25, p. 22, lines 1-19, p. 36, lines 8-24. Prior to being released early to get additional "seat time" on the evening of March 7, 2015 (although still "on the clock") Claimant's

sergeant instructed him "[g]o get time in ["seat time"]. If we need you, be close to your phone." *See* Trans, p. 37 lines 6-8.

Claimant, after changing his clothes, left the Bolden Area Command on his motorcycle, to "get more seat time" as instructed by his superior, was still being paid, and was still "on the clock" at the time he left, and was approximately 1.5 to 2 miles from the Bolden Area Command, when he was involved in a serious motor vehicle collision. *See* Trans p. 39, lines 6-12.

Claimant was transported to UMC, where he was placed in a medically induced coma for 6 days, and spent a total of 47 days in UMC and Summerlin hospital recovering from his numerous injuries. *See* Trans p. 17, lines 15-25, p. 18, lines 1-4. Claimant then received additional treatment and corrective surgeries at UCLA Medical Center. *See* Trans, p. 18, lines 8-14. The injuries were so severe Claimant spent nearly 1.5 **years** released off-work (not light duty) to recover from the multiple traumas he sustained. *See* Trans p. 18, line 25, and p. 19, lines 1-6.

On March 7, 2015, a timely C-4 was completed and April 9, 2015, Claimant's claim was denied. Claimant timely appealed.

This appeal follows.

III. ARGUMENT

1. **"Travel that confers a distinct benefit to Employers by employees", and the "unique nature of law enforcement" (Tighe holding), and the "control" exerted over Claimant by the Employer, carves out multiple separate and distinct exceptions to the "going and coming" rule, such that Claimant's accident here squarely renders this accident within the course and scope of his employment**

The primary question facing the Appeals Officer is whether Claimant injuries arose out of and in the course of his employment, per NRS 616C.150(1) which states:

> *An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D,*

inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

Generally, in Nevada injuries sustained by an employee "going and coming" to his place of employment are not compensable. *See*, Bob Allyn Masonry v. Murphy, 124 Nev. 279 (2008). However, several significant exceptions have been adopted by the Nevada Supreme Court, including: 1) a "special errand"; 2) employees injured on the employer's premises while proceeding to or from work within a reasonable interval before or after work might be entitled to workers' compensation; 3) the unique nature of law enforcement; and 4) travel to or from employment that confers a "distinct benefit" upon the employer such as being "on call" and exerting "control" over employee. Id. at 289 and MGM Mirage v. Cotton, 121 Nev. 396, 401 (2005) and Tighe v. Las Vegas Metro. Police Dept., 110 Nev. 632, 635-636 (1994) and Evans v. Southwest Gas Corp., 108 Nev 1002, 1008 (1992).

Here, in the case at bar, several of those exceptions to the "going and coming" rule are applicable.

It is uncontroverted that Claimant was still "on the clock" when his accident happened at no later than 12:25 am. *See* Claimant's 1, p. 67. And it is uncontroverted that claimant was still being paid up and until and including 12:30 am. *See* Trans. p. 12, lines 3-9. And because Claimant, as a Police Officer, was still "on the clock", at any time prior to 12:30 am, he had no discretion to refuse a call back summons from his superiors despite being released early on the night of the accident. *See* Trans, p. 12, lines 10-14. and p. 44, lines 16-22. And, Claimant may likely suffer disciplinary repercussions if he so refused such an order while still "on the clock." *See* Trans, p. 63,

lines 14-16. Further, both Claimant and Employer's witness testified that Claimant **would not** be allowed to consume alcohol while still "on the clock", *See* Trans, p. 71, lines 6-15.

Thus, as Evans at 1008, Claimant here was still under the "control" of the Employer at the time of the accident. He was not free to engage in any (legal) action he so chose (such as refusing to return to duty if summoned while still "on the clock" or consuming alcohol, which is expressly forbidden by "on the clock" police officers). Indeed, Claimant's superiors last words to Claimant as he left to get more "seat time" was that he was ordered to "…be close to your phone" in the event his superiors needed him back. *See* Trans, p. 37 lines 6-8.

It is also these facts that are recognized by Tighe:

> *...the unique nature of law enforcement requires us to distinguish it from other types of traditional employment. As Professor Larson noted:*
>
> > *It has been recognized that policemen are "on call" in a special sense. That is, while the usual on-call employee is subject to the possibility of a specific summons emanating directly from his employer, the policeman may be at any moment "called" into duty by events taking place in his presence, whether or not he is technically off duty. Awards have accordingly been made to policemen injured in the course of ordinary going or coming journey.*

Id at 636.

Of course, the Nevada Supreme Court did not adopt an all-inclusive rule to justify the conclusion that all law enforcement are always excluded from the going and coming rule, but did find sufficient facts to support upholding compensability of Tighe's claim. (Tigue, had a police beeper, had been planning an undercover operation with co-workers at a bar, and had an undercover police car with radio when he was injured while "off duty"). Here, Claimant was still "on the clock" and being paid for his

services, and was conferring a benefit to his Employer (by following orders to ride his motorcycle to get additional "seat time" in preparation for returning to police motorcycle patrol) and Claimant remained under the control of his Employer because his supervisors ordered that he "keep his phone" close in case they needed him back; which Claimant would have not been able to refuse if he was called while still "on the clock". The Employer also continued to exercise control over Claimant until the he was "off the clock" at 12:30 am, from refraining from using alcohol. Claimant's call-sign designation also remained an "on duty" call sign until 12:30 am. Further, demonstrating the Employers express control over Claimant while he remained "on the clock". *See* Trans, p. 15, line 2-4.

While Employer's witness speculated as to the many reasons police officers *may* be released early from their shifts, it was uncontroverted that in *this* case, Claimant was expressly released early on the night of the accident by his superiors so that he could get additional "seat time" of riding a motorcycle so as to further prepare him for his soon to be returning to full time on-duty motorcycle patrolling (within the next shift, or two). The supervisor's order confers a benefit to Claimant's employer. Including that Claimant was being paid to get additional riding time with his motorcycle to assist in getting his skills back up to prepare him to returning to his regular employment duties. And such is a basis for an exception to the "going and coming" rule, set forth in Evans at 1008. Moreover, it is not the nature of who owned the vehicle Claimant drove (here his own motorcycle) but the nature of express and implied control the Employer exerted over Claimant and the benefits being conferred to his Employer.

///

IV. CONCLUSION

Claimant, a Las Vegas Metropolitan Police officer was severely injured during a motor vehicle accident. An accident so severe he was placed in a coma for 6 days, spent 47 days in the hospital, and was off duty for nearly one and a half years due to this accident. This accident happened, because his employer expressly ordered him to leave the command early to get more "seat time" on his motorcycle such that Claimant would be further prepared to reassume his motorcycle patrol duties within the next shift or two. Claimant remained "on the clock" being paid, and operating under his on-duty call sign when the accident happened just 1.5 – 2 miles from his command center. His supervisor expressly ordered him to "be close to your phone" in the event his supervisor needed to call him back to the command center. And because Claimant remained "on the clock" he could not refuse such an order to return up to12:30 am the night of the accident if so ordered. Further, if he did refuse to comply with such an order while still "on the clock" Claimant could suffer disciplinary action. The Employer's control over the Claimant was further exerted over him until 12:30 am that night, because while "on the clock" Claimant could not consume alcohol, even if he so desired.

As set forth above, at the time of the accident (12:25 am, 1.5-2 miles from the command center) because of 1) the benefits being conferred to the Employer by the Claimant, 2) the continuing control the Employer exerted over the Claimant, and 3) the unique nature of law enforcement police officers, accordingly renders this Claimant's accident well within founded exceptions to the "going and coming" rule. Thus, this Claimant's injuries arose out of and in the course of his employment, per NRS 616C.150(1), and Tighe and Evans.

Accordingly, Claimant requests that the determination of April 9, 2015 be reversed.

Dated this 11 day of August 2017

JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 89104
Attorney for Claimant

CERTIFICATE OF MAILING

I hereby certify that on the 11 day of August 2017 a true and correct copy of the **Claimant's Simultaneous Closing Brief,** was deposited in the United States mail, proper postage prepaid, and addressed to:

David Figueroa
6831 Hillstop Crest Ct.
Las Vegas, NV 89131

An Employee of Neeman & Mills, PLLC

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	)	Claim No.: 15d34E72969 Appeal Nos.: 1511793-MM

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2017 AUG 11 PM 4:20

CLAIMANT'S SIMULTANEOUS CLOSING BRIEF

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The legal issue before this Appeals Officer is claim denial. That issue turns on whether the Claimant's injuries arose out of and in the course of his employment at the time of his injury. It is Claimant's position that Claimant, a Police Officer, injured while still legally "on the clock", and conferring benefits during travel to the employer makes a Tigue analysis proper and applicable to the case at bar thus rendering the claim compensable.

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On March 7, 2015 Claimant was working at the Bolden Area Command, re-acclimation program. *See* Trans, p. 8, lines 16-17. Prior to that date, Claimant had a previous industrial injury to his lumbar spine that resulted in a fusion of his L5/S1 spine. *See* Trans, p. 9, lines 6-18. While his regular duties prior to the first industrial accident (not at issue in this appeal) required Claimant to operate a motorcycle on the job, the re-acclimation unit duties, did not. *See* Trans p. 9, lines 19-25, and p. 10, lines 1-4. On the evening of March 7, 2015 Claimant was scheduled to work from 2:30 pm until 12:30 am. *See* Trans, p. 10, lines 5-12.

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Accordingly, Claimant requests that the determination of April 9, 2015 be reversed.

Dated this 11 day of August 2017

JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 89104
Attorney for Claimant

CERTIFICATE OF MAILING

I hereby certify that on the 11 day of August 2017 a true and correct copy of the **Claimant's Simultaneous Closing Brief,** was deposited in the United States mail, proper postage prepaid, and addressed to:

David Figueroa
6831 Hillstop Crest Ct.
Las Vegas, NV 89131

An Employee of Neeman & Mills, PLLC

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131 Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400B S MARTIN LUTHER KING #435 LAS VEGAS, NV 89106

EMPLOYER'S WRITTEN CLOSING ARGUMENT

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ. and LEWIS BRISBOIS BISGAARD & SMITH, and submits its Written Closing Argument, as requested by the Appeals Officer.

STATEMENT OF THE ISSUES

The following issue is before the Appeals Officer for review:

1. Whether the determination to deny the claim for compensation was proper.

STATEMENT OF FACTS

The claimant, DAVID FIGUEROA (hereinafter referred to as "claimant"), has multiple prior industrial claims. Upon information and belief, 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, when he was involved in a motor vehicle accident at the Las Vegas Blvd. and I-95 intersection where he incurred head, neck and back injuries. (Exhibit p. 1.)

Doc 009

Dr. Quaglieri performed a 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 pp. 2-3.)

The claimant filed another C-4 form 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 that injury on March 5, 2013. (Exhibit pp. 4-9.)

The claimant filed another C-4 form for his back on December 17, 2012. The claimant listed the date of injury as March 15, 2011 and was diagnosed with low back pain. (Exhibit p. 10.)

The Employer completed a C-3 form 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 p. 11.)

In the instant matter, on March 7, 2015, according to the C-4 form, the claimant 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 claimant 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 claimant was notified on April 9, 2015 that his claim was being denied. (Exhibit pp. 15-16.)

The claimant 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. 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 pp. 151-226)

ARGUMENT

I.

CLAIMANT BEARS THE BURDEN

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 Industrial Insurance System v. Hicks, 100 Nev. 567, 688 P.2d 324 (1984); Holley v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

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).

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.**

Based upon the present information, the evidence supports the Employer's position that claim denial is proper.

II.

CLAIM DENIAL IS PROPER

Under NRS 616C.150(1), the claimant has the burden of proof to show that the 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 happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury." (Emphasis added). 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 . . ." (Emphasis added).

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).

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.

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

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.).

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.")

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 life.**

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

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.

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.***

A second case which is of particular import to the current matter is Tighe. In 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.

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.

Second, the Tighe 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." (emphasis added)(Id.)(citing Hanstein v. City of Ft. Lauderdale, 569 So. 2d 493, 494 (Fla. Dist. Ct. App. 1990).

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."

Here, claimant's case is distinguishable from Tighe. To begin with, claimant was 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 Tighe. 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 Tighe 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.

It must also be noted that claimant's accident happened at 12:25 a.m. and he was technically still "on the clock" at the time of the accident. Claimant testified that although his shift ended at 12:30 a.m., he was released early. Mr. Roch confirmed that it is common practice for officers to sometimes be released prior to the official conclusion of their shift but that they would be paid for the entire shift. (Transcript pp. 52:11-53:2) He referred to this as an "early out," or "EO."

Claimant further testified that the reason he was released early was because his sergeant had informed him that he was being released from a re-acclimation program to return to his position with the Traffic Bureau as a motorcycle officer[1] and that the sergeant wanted claimant to ride his personal motorcycle to "get some seat time." (Transcript pp. 35-36) 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)

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. Surely Mr. McMeans was not released early from his shift because *claimant* was ordered to "get some seat time."

To be clear, 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 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.

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

---

[1] Claimant, who had previously been a motorcycle officer with the Traffic Bureau, had been participating in a re-acclimation program while recovering from a prior work injury. Claimant had been using an employer provided SUV to perform his job while in the re-acclimation program and he testified that he would be returning to motorcycle duty on either the next shift or the shift after that.

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.

To put a finer point on this subject, if claimant's sergeant had ordered claimant to use his personal motorcycle for some sort of testing or actual practice course, that would be entirely different. However, as it stands, claimant has testified that he has never been asked to use his personal motorcycle for work purposes. (Transcript p. 41:19-22)

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," 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.

Claimant will likely argue that his position as police officer transforms his everyday commute into a work related situation because he believes that he has a duty as a police officer to intervene in certain scenarios even when he is not currently operating within the course and scope of his employment. Indeed, claimant testified to the same (Transcript pp. 14:10-19). However, claimant later admitted 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.

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)

Claimant will also likely argue that temporal coincidence of his accident occurring five minutes before his shift technically ended should be dispositive because claimant believed that he could have been called back. However, notwithstanding the fact that 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.

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 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.)

In summation, it is true that claimant's subject accident/injury occurred while he 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.

Further, there is no "police" connection to claimant's accident/injury. Unlike the officer in Tighe, 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 personal choice to carry it with him and was in no way required to have it while he was off duty. Claimant does not satisfy the law enforcement exception to the going and coming rule.

Claim denial is proper. This case is a going and coming rule scenario with no exceptions applicable. The Appeals Officer should affirm the April 9, 2015 claim denial determination.

CONCLUSION

Based upon the foregoing points and authorities, it is clear that the claimant has failed to establish by a preponderance of the evidence that he sustained a compensable industrial injury. The claimant has failed to present any credible evidence to disturb the claim denial determination.

...

WHEREFORE, Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, respectfully requests that the Appeals Officer provide the following relief:

1. That the Appeals Officer affirm the claim denial determination dated March 20, 2015.

DATED this 11 day of August, 2017.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH

By: _____
Daniel L. Schwartz, Esq.
Nevada Bar No. 5125
2300 W. Sahara Ave., Suite 300
Las Vegas, Nevada 89102
Attorneys for the Employer

CERTIFICATE OF MAILING

I hereby certify that, on the 11th day of August, 2017, I served a true and correct copy of the above and foregoing **EMPLOYER'S WRITTEN CLOSING ARGUMENT** by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope addressed to the following:

JASON MILLS, ESQ.
NEEMAN & MILLS
1201 SOUTH MARYLAND PARKWAY
LAS VEGAS, NV 89104

LVMPD – HEALTH DETAIL
ATTN: ABIGAIL BUCKLER
400 S. MARTIN L. KING BLVD., STE. B
LAS VEGAS, NV 89106

CCMSI
ATTN: LISA KOEHLER
P.O. BOX 35350
LAS VEGAS, NV 89133

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131 Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400B S MARTIN LUTHER KING #435 LAS VEGAS, NV 89106

EMPLOYER'S SUPPLEMENTAL INDEX OF DOCUMENTS

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, by and through its counsel, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and submits the attached Supplemental Index of Documents relating to the above-referenced matter.

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the personal information of any person.

DATED this 17 day of May, 2017..

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, NV 89102
Phone: (702) 893-3383
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STATE OF NEVADA
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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S SUPPLEMENTAL INDEX OF DOCUMENTS** was made this date by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope to the following:

JASON MILLS, ESQ.
NEEMAN & MILLS
1201 SOUTH MARYLAND PARKWAY
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LVMPD – HEALTH DETAIL
ATTN: ABIGAIL BUCKLER
400 S. MARTIN L. KING BLVD., STE. B
LAS VEGAS, NV 89106

CCMSI
ATTN: LISA KOEHLER
P.O. BOX 35350
LAS VEGAS, NV 89133

DATED this 11th day of May, 2017.

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

ORIGINAL

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim, of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E72969 Appeal No.: 1511793-MM

TRANSCRIPT OF PROCEEDINGS

BEFORE THE

HONORABLE MICHELLE L. MORGANDO

APPEALS OFFICER

Wednesday, May 10, 2017

2:04 p.m.

2200 South Rancho Drive, Suite 220

Las Vegas, Nevada 89102

Ordered by: Daniel L. Schwartz, Esq.
Lewis, Brisbois, Bisgaard & Smith
2300 W. Sahara Avenue, Suite 300, Box B
Las Vegas, Nevada 89102

A P P E A R A N C E S

On behalf of the Claimant:

Jason Mills, Esq.
Neeman & Mills Ltd.
1201 South Maryland Parkway
Las Vegas, Nevada 89104

On behalf of the Employer:

Daniel L. Schwartz, Esq.
Lewis, Brisbois, Bisgaard & Smith
2300 W. Sahara Avenue, Suite 300, Box B
Las Vegas, Nevada 89102

Also Present:

Jeff Roch

I N D E X

EXAMINATION	DIRECT	CROSS	REDIRECT	RECROSS
DAVID FIGUEROA	6	23	44	
JEFF ROCH	50	59	63	69

EXHIBITS	IDENTIFIED	IN EVIDENCE
CLAIMANT'S 1	4	5
CLAIMANT'S 2	5	5
EMPLOYER'S A	5	5

* * *

PROCEEDINGS

APPEALS OFFICER MORGANDO: Counsel, we're on the record. This is the time and place set in the matter of the contested industrial insurance claim of David Figueroa, Claim No. 15D34E72969, Appeal No. 1511793.

The Claimant is present and is represented by counsel Mr. Mills. The Employer, Las Vegas Metropolitan Police Department, is represented by counsel Mr. Schwartz.

Who's seated with you today at counsel table, please?

MR. SCHWARTZ: This is Jeff Roch, R-O-C-H, last name.

APPEALS OFFICER MORGANDO: Thank you.

MR. SCHWARTZ: From Las Vegas Metropolitan Police Department.

APPEALS OFFICER MORGANDO: Thank you. This is the Claimant's appeal and a stipulation to bypass regarding the Insurer's determination letter dated April 9, 2015.

All right. Mr. Mills, prior to going on the record you indicated you will be offering the evidence packets submitted by former counsel; is that correct?

MR. MILLS: Yes, Judge.

APPEALS OFFICER MORGANDO: All right. Mr. Schwartz, you don't have any objections, do you?

MR. SCHWARTZ: No, your Honor.

APPEALS OFFICER MORGANDO: All right. That will be marked and entered as Claimant's Exhibit 1.

I also received on behalf of the Claimant and filed by Mr. Mills' office a list of -- excuse me -- a list of exhibits filed November 2, 2016, containing 69 pages.

Have you received that?

MR. SCHWARTZ: I have, your Honor. No objection.

APPEALS OFFICER MORGANDO: Thank you. That will be marked and entered as Claimant's Exhibit 2.

Mr. Mills, I have an index of documents filed by the Employer on August 28, 2015, containing 150 pages.

Have you received that?

MR. MILLS: Let's see. I believe, yes.

APPEALS OFFICER MORGANDO: Any objections?

MR. MILLS: No, Judge.

APPEALS OFFICER MORGANDO: Thank you. And that will be marked and entered as Employer's Exhibit A.

Okay. You're Mr. Figueroa; correct?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Okay. Raise your right hand.

Do you solemnly swear or affirm the testimony you are about to give in this matter shall be the truth, the whole truth, and nothing but the truth?

THE CLAIMANT: I do.

APPEALS OFFICER MORGANDO: Thank you. State your name.

THE CLAIMANT: David Figueroa.

APPEALS OFFICER MORGANDO: Okay. Mr. Figueroa, I have a current mailing address of 6831 Hillstop Crest Court, Las Vegas, Nevada 89131; is that correct?

THE CLAIMANT: It is.

APPEALS OFFICER MORGANDO: Thank you. Mr. Mills.

MR. MILLS: Yes.

DIRECT EXAMINATION

BY MR. MILLS:

Q Mr. Figueroa, are you the Claimant in this action that's going today?

A I am.

Q Okay. Where are you currently employed?
A Las Vegas Metropolitan Police Department, Traffic Bureau.
Q And how long have you been employed in that capacity?
A Just over ten years.
Q And how long have you been with the force? The same?
A Same time frame.
Q So in the same division the entire time period?
A No, sir.
Q What were you -- where were you previously to that?
A I was -- previous to that I was Convention Center Area Command.
Q Okay. What are your current duties with Las Vegas Metropolitan Police Department?
A Traffic detail, fatal unit.
Q Do you -- what type of vehicle do you operate?
A I operate my personal vehicle to and from work.
Q Okay. I want to talk to you a little bit about your accident back in March of 2015.
Do you recall the date?

A I do.

Q What was it?

A March 15, 2015.

Q March 15th?

A March 7th. I'm sorry.

Q March 7th, 2015, what happened?

A I was headed home traveling on Camino Al Norte entering North Las Vegas traveling down the roadway in the left two travel lanes. Next thing I knew I was -- my body was flipping in the air. I landed on the ground and at that point realized I was in a traffic accident.

Q Okay. So on that date -- what were your job duties on that date prior to the accident earlier in your shift?

A I was assigned to a re-acclimation program with Bolden Area Command, swing shift patrol unit.

Q And why were you assigned to a re-acclimation unit?

A I was out for a prior surgery that I had, and policy was implemented that based on the number of -- the time that you were away from the job, you had to be put in a re-acclimation detail to get re-acclimated as a police officer.

Q So you had -- did you have a prior accident

prior to this one or --

A I did.

Q That caused you to have surgery or something?

A Correct.

Q Could you tell the Court?

A Yes. I had back surgery prior to that, and I was out some time.

Q On an industrial basis?

A It was.

Q Okay. Was that claim still open when this accident opened?

A Yes.

Q Okay. Did you receive a compensation award for that accident?

A I did.

Q Okay. What procedure was done for that prior accident, if you recall?

A A fusion of my lower lumbar, L5/S1 disc area.

Q Okay. Prior to you going to the re-acclimation unit, what was your job duty with Metro?

A I was assigned to Traffic Bureau. I rode a motorcycle, marked motorcycle, and performed traffic enforcement, traffic duties, traffic accident investigation.

Q Okay. Do you recall on March 7th, 2015, what

your assigned shift duty was, if there is such a thing?

A General patrol duties involving patrol-related calls, citizens that call 911, and enforcement, general enforcement that patrols are responsible for.

Q What hours were you slated to work that particular day, March 7, 2015?

A 2:30 to midnight 30.

Q So 2:30 in the afternoon until 12:30 a.m. the following day?

A Correct, swing shift.

Q Swing shift. Ten-hour shift?

A Correct.

Q Okay. Did you leave prior to the ending of your shift that evening?

A Yes.

Q Do you recall what time you left prior to the end of your scheduled shift?

A Approximate, 2345. 11:45 p.m.

Q And is there a reason that you left prior to the end of your shift?

A There is.

Q What is that reason?

A I was told by my supervisor that I was to be -- the re-acclimation program for me initially was to run an approximate 12 to 16 weeks, and that is based

on the time you are away. They have a time frame that you need to be re-acclimated.

I was advised by my supervisor that they didn't feel, him as well as the captain of the Bolden Area Command, that I needed to be there for that long of a time frame because I was well up to speed as to what the requirements are needed to be as a police officer. And so I was to be released early from that 12 to 16-week period, and I was to be reassigned back to my bureau which is the Traffic Bureau.

Q And did he let you go early that evening for any particular purpose?

A He did.

Q What was that purpose?

A He stated that he wanted me to get re-acclimated on my motorcycle because effective the next following shift or the shift after, I was to be -- to report back to my assignment which was at the Traffic Bureau.

Q So you were going to go back to the motorcycle division?

A Correct, and then there was a training that had to be done at the Traffic Bureau.

Q To get back on motorcycles?

A Correct.

Q Okay. I'm going to ask you about your duties now.

When you leave your shift early at your Employer's instruction are you still being paid?

A Yes.

Q Until when?

A Until midnight 30.

Q Until the end of your shift?

A Correct.

Q Even though he's released you is it within his power to call you back until the end of your shift?

A It is.

Q Do you have any authority to say no to that?

A No.

Q Did you have any police equipment on you during that ride on the motorcycle when you were leaving your --

A I did.

Q What was it?

A I had my duty weapon. I had my police department issued radio. I had my handcuffs and other miscellaneous items in my bag that I carry.

Q Was your badge with you as well?

A It was.

Q Are you allowed to consume alcohol while

you're on duty?

A No.

Q If you left work at 11:45 -- let's put it this way.

If you left work prior to 12:30, which the supervisor, you indicated, did that, you're not in the building anymore; correct?

A No.

Q But you're free to leave?

A Yes.

Q Would you be able prior to 12:30 to go to a bar and drink alcohol while you're on duty?

A Absolutely not.

Q Even though you've been released?

A Correct.

Q Would you be allowed to do it after 12:30?

A Yes.

Q After your shift ends, after 12:30, is there an ability for Metro to call you back to work?

A There is.

Q During the time frame that you're not scheduled to work?

A There is.

Q In what scenarios would that happen?

A God forbid, terrorist activities, any extreme

volatile situation that requires immediate police presence and staffing is limited to handle that situation, they will contact and kind of a mandatory type of police presence.

Q Okay. If you're off duty and you receive one of these summons and you receive it, not a question of whether you did or didn't receive it, do you have any discretion to refuse that callback?

A No.

Q What about on your journey home and you encounter a severe traffic accident where it's obvious there's problems, people in distress, requires emergency care, requires police? Do you have any duty to do anything as a police officer?

A I do.

Q Even if you're signed out from work?

A I do. It's the oath that I took when I took this job, the responsibility I have to my community, of course my morality. I have a duty to intervene.

Q What about the -- do you have a call sign, for lack of a better term, when you're working as opposed to when you're not working that you use on the radios?

A A call sign when I'm working? I do not have a call sign when I'm not working, but I do have a designated verbiage, if you will, off duty to identify

myself to dispatch of who I am and what's taking place.

Q So there's a difference when you're on duty. You have one particular call sign, so to speak?

A That is correct.

Q And then off duty it's something else and what is that?

A It's a -- you provide the letter 'U' in front of your 'P' number. The 'U' indicates to the call taker that you are off duty, and your 'P' number identifies who you are, and they know that the call is being generated by off-duty police officer so and so.

Q And 'P' number, is that your badge number?

A That is. Personnel number --

Q Personnel number?

A -- is what it stands for.

Q What it stands for. And when you're on duty you're assigned a different call -- or you have a call sign when you're on duty?

A You do.

Q Where do you get that?

A It's generated by the area of assignment, the shift that you work, and so each area of assignment, each shift, has a designated call sign that is recognized department-wide.

Q So in a scenario where you're released from

the building prior to your shift ending but you're still on the clock, had you encountered any incident on the public roads or out there while it was still during your shift time, would you call in to dispatch?

A Absolutely.

Q What call sign, again, for lack of a better term, would you use if it's before your shift ends?

A Before my shift ended I would utilize the call sign, on-duty call sign, and state the situation or emergency that's taking place.

Q Would the dispatcher be able to know that you were within your on-duty time but you were released but you're not off duty yet?

A She would run the call sign and see that I was logged on as Officer David Figueroa, and she would be able to identify me as such.

Q Okay. And that would be true right until your shift ends till 12:30?

A I would say she has the ability to do it afterwards.

Q Okay.

A You know, for research purposes months later, days later, but yes.

Q With regard to this particular accident, do you have a recollection what happened in the accident?

A The only recollection I have is, as I stated earlier, I was flipping in the air. I was trying to process what just happened. I hit the ground. I feel tremendous pain. I'm conscious the whole time.

I land on my stomach with my arms bracing my fall, and I was able to look to the left and see that the motorcycle was on fire. And at that time I realized that I was involved in an accident.

I also had another police officer who was assigned to the squad that I was re-acclimating on, he was behind me. And so he and I had a discussion, and he explained what happened because he was behind me and he observed the accident.

Q Were you transported to the hospital?

A UMC Trauma, yes.

Q And were you hospitalized? Did they check you in?

A They checked me in, yes.

Q And were you there -- how long were you there?

A I was placed in a medically induced coma for six days. When I was brought out of the medically induced coma, I had no idea where I was at, what was going on. And I had family from back East, my brother was standing above me, and he explained to me what was going on.

Q How long were you in the hospital, if you recall?

A 47 days. Between UMC Trauma, Summerlin Hospital, a total of 47 days.

Q Were you released after Summerlin Hospital to any type of home -- or any type of health care place other than the two hospitals?

A UCLA Medical Center.

Q Okay. How long were you there?

A I was there as an outpatient until surgery was done. So I didn't stay -- I didn't leave Summerlin Hospital to UMC -- or UCLA Medical Center for a stay. I was released to home, and then we made our way down to UCLA Medical Center, the family and I.

Q To perform --

A For corrective surgery that was needed.

Q And the records, I'm sure, speak for themselves, but what is your recollection to the injuries that you sustained in this accident?

A I broke everything from my left shoulder, femur, elbow, ribs -- this is all left side -- hips, pelvis, thigh, tib-fib, tibia-fibula. Sorry. And so pretty much from the ankle up to the shoulder and everything in between was broken.

Q Were you out of work for some period of time

following the March 7, 2015, accident?

A Yes, sir.

Q From when to when, if you remember?

A Approximate year and a half-ish. Maybe a little shorter. Then I was able to be assigned to a modified duty position.

Q And what was that position?

A The position was at the Traffic Bureau front desk office.

Q Do you recall when you went back to work?

A The modified duty?

Q Yeah, when you went back to work after this accident.

A Date, I do not.

Q Do you recall the month?

APPEALS OFFICER MORGANDO: Mr. Mills, if I order the claim to be accepted, it's going to be remanded for a new determination on --

MR. MILLS: I understand, Judge.

APPEALS OFFICER MORGANDO: -- on retro benefits so . . .

MR. MILLS: Understood, Judge.

APPEALS OFFICER MORGANDO: I mean, it's my understanding in listening to this and looking at it, this is really a course and scope.

MR. MILLS: Going and coming, yes, Judge.

APPEALS OFFICER MORGANDO: Right.

MR. MILLS: Yes, Judge. I'll move along.

APPEALS OFFICER MORGANDO: Okay.

MR. MILLS: I get it.

APPEALS OFFICER MORGANDO: All right. And I just want to clarify one or two things, and I don't know if Mr. Schwartz was going to or not. I'm a little confused.

You were let go early by your supervisor who basically said you've acclimated enough in the patrol unit?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Correct?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Okay. Were you driving a motorcycle at that time or were you in a patrol car?

THE CLAIMANT: I was in a patrol car.

APPEALS OFFICER MORGANDO: Okay.

THE CLAIMANT: But I was -- I'm sorry.

APPEALS OFFICER MORGANDO: No. When he told you to -- did he tell you to go home when you left on the 7th?

THE CLAIMANT: No. I was commuting from -- to

and from the area command on my personal motorcycle.

APPEALS OFFICER MORGANDO: Okay. But when you -- when you were in the accident you were leaving where and intending to go where?

THE CLAIMANT: Intending to go home.

APPEALS OFFICER MORGANDO: You were intending to go home. Okay. And that was your personal motorcycle. You intended to start back up with your re-acclimation with your regular unit the next day or so?

THE CLAIMANT: Right. He stated that he wanted me to re-acclimate on the motor- -- on my personal motorcycle because -- which was news to me because my intention was that I was going to stay longer. He released me because he advised me that I will be reassigned back to my bureau of traffic.

APPEALS OFFICER MORGANDO: So he wanted you to finish your shift on your regular motorcycle? I guess I'm just --

THE CLAIMANT: No.

APPEALS OFFICER MORGANDO: -- a little confused.

THE CLAIMANT: No. So he released me early.

APPEALS OFFICER MORGANDO: Okay.

THE CLAIMANT: He said, "Go get some practice

time on your motorcycle because effective" -- I don't recall if it was the next shift or the following shift -- "but you will be sent back to traffic because there's no reason you should be here to re-acclimate because" --

APPEALS OFFICER MORGANDO: Okay. So you were just told to go practice?

THE CLAIMANT: Correct.

APPEALS OFFICER MORGANDO: On your personal motorcycle?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Is it the same type of motorcycle that you ride?

THE CLAIMANT: Very similar.

APPEALS OFFICER MORGANDO: Okay. And so you were only going to practice until your shift ended or you just were practicing on your way home?

THE CLAIMANT: Well, practicing on my way home, and I live quite a ways away.

APPEALS OFFICER MORGANDO: Okay. Sorry, Mr. Schwartz.

MR. SCHWARTZ: That's okay.

APPEALS OFFICER MORGANDO: I just was a little confused about what he was riding and where he was going. Thank you.

MR. MILLS: Yes. Let me see if I have any other questions.

BY MR. MILLS:

Q Even though you were released to go home, you were still on the clock though. They were still paying you?

A I was.

Q And when you're on the clock, your duties are different than when you're not on the clock regardless of whether you're released or not?

A Well, we're told that, "Hey, you're still on the clock, and if we need you, have your phone close." And I have my department issued radio with me for those purposes as well.

Q And had the same supervisor that released you called you back prior to 12:30 would you have discretion to say no?

A No.

MR. MILLS: Okay. Nothing further, Judge.

APPEALS OFFICER MORGANDO: Thank you. Mr. Schwartz.

CROSS-EXAMINATION

BY MR. SCHWARTZ:

Q Had the same supervisor called you at 2:30 in

the morning that morning and said, "The aliens have invaded" -- and I'm being overly dramatic.

A I understand.

Q "We need you to come back," could you say no?

A I'd like to say no. I would be obligated to say yes.

Q Okay. I want to go back to the beginning just to ask a couple questions to clarify a few things that maybe I just made bad notes on, but when Mr. Mills was first asking you about vehicles, you said something about operating a personal vehicle.

So I'm clear -- and I only want to ask you questions about March 7, '15, and backwards. Is that okay?

A Sure.

Q So I don't -- today you could be -- I mean, you're working today; correct?

A I am.

Q And are you driving a vehicle?

A Yes.

Q Is it a sedan or a motorcycle?

A It's a sedan. Well, a jeep.

Q Okay. So it's yours?

A It is.

Q And are you actually working as a police

officer right now?

A I am, modified duty.

Q Okay. Are they allowing you to use your vehicle as part of your job when you're out patrolling or you're not patrolling yet?

A No, I'm not patrolling.

Q Okay.

A In the office.

Q Back in March of 2015 during the period of time after you came back from your prior industrial surgery, you were working where? What's the name of the command you were at?

A I was at the Traffic Bureau.

Q Okay. And then after you came back they sent you somewhere else; correct?

A I was advised that you have to report to Bolden Area Command for this re-acclimation program.

Q Okay. Can you say that just slow enough so we get it in the record?

Which command did you go to?

A Traffic Bureau.

Q And then where did they send you?

A Bolden Area Command.

APPEALS OFFICER MORGANDO: Would you spell -- for the record, spell it, please.

THE CLAIMANT: Okay. B-O-L-D-E-N.

APPEALS OFFICER MORGANDO: Thank you.

BY MR. SCHWARTZ:

Q And where is Bolden Area Command located?

A It's on the south side of the valley, just off of Martin Luther King.

Q Okay. How long were you at the Bolden Area Command prior to your injury, the injury we're discussing today in March of 2015?

A Four weeks-ish.

Q Okay. And during that period of time did you report to the Bolden Area Command to begin your shift?

A Yes.

Q And then at the end of your shift you were let go from the Bolden Area Command location; correct?

A Correct.

Q You didn't go back to the Traffic Bureau during those four weeks?

A In the capacity of what? I did go back to the Traffic Bureau.

Q Probably a poor question. Let me ask it again.

You would start your day during those four weeks leading up to your injury at the Bolden Area Command?

A Yes.

Q And then you would go elsewhere during the course of your shift?

A Correct.

Q And then your day would end at the Bolden Area Command?

A Correct.

Q Okay.

APPEALS OFFICER MORGANDO: But you were doing patrol?

THE CLAIMANT: I was doing patrol work, yes.

APPEALS OFFICER MORGANDO: Okay.

THE CLAIMANT: Well, traffic.

APPEALS OFFICER MORGANDO: Traffic. That's --

THE CLAIMANT: Traffic work as well.

APPEALS OFFICER MORGANDO: Okay.

BY MR. SCHWARTZ:

Q Okay. Where do you live?

A Northwest side of the valley.

Q And let me back up. Sorry again.

In March of 2015 where did you live?

A I lived at 5207 Sparkling Vine Avenue which is northwest.

Q Sparkling Vine Avenue?

A Yes.

Q Okay. During your time at the Bolden Area Command -- the Appeals Officer just asked it, but I have some follow-up questions.

You were out -- you would be out patrolling during your shift; correct?

A Correct.

Q And what would you be in while you were patrolling?

A A patrol vehicle.

Q A squad car?

A SUV, yes.

Q Okay. When you leave your house back then at Sparkling Vine Avenue and you would get to the Boulder Command what -- Bolden Command, excuse me, what would you do when you first got there? What do you do?

A I'm sorry. Could you repeat?

Q Back in March of 2015, and that's the area of time I'm focusing on, when you would leave your home on Sparkling Vine Avenue and go to the Bolden Command, once you got there what do you do? What's the first thing you do?

A I would change out into uniform.

Q Okay. So you would ride from your home to the Bolden Area Command in civilian clothes?

A Sometimes.

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

A Correct.

Q Okay. Then at the end of your shift you come back -- I'm assuming you come back to the Bolden Area Command?

A Yes.

Q And what's the general way that your shift ends?

A Generally you get -- you have a debriefing.

Q Okay. And is that kind of the opposite of the beginning? It's just you telling someone what happened during the day?

A Not necessarily. You're handing in paperwork. The supervisor is taking a count to make sure that he has all of his police officers back, and any pertinent information that needs to be exchanged at that point is exchanged and then you're released.

Q Okay. And at that point are you free to leave?

A Depends.

Q Okay. Depends on what?

A If there's a training that has to be done, if there's computer work that has to be done, paperwork that is not properly filled out or corrections need to be made, if there's dictations, a number of things.

Q Okay. Once you get all your paperwork and

training in order are you then free to leave?

A Yes, if you're told to by your supervisor.

Q Okay. So your supervisor can tell you to stay or tell you to go?

A "I need you to stay," yes.

Q And if he needs you to stay beyond the time frame that you were scheduled to work, you're going to actually get paid overtime; correct? Are you supposed to get paid overtime?

A Today's time, no. It's -- well, it depends. They have different ways of compensation.

Q Okay. Is one of those ways that they'll then let you go early another day, kind of catch up on the time?

A Possibly, if that's an agreement that you and the supervisor agree to.

Q Okay. Once the supervisor says it's okay for you to -- and I'm still focusing back in March of 2015.

A Sure.

Q At the Bolden Command. Once the supervisor says it's okay for you to leave, then you personally, what do you do next?

A Personally it depends. I'll change out if -- or if I need to get home and time is -- because I stayed longer, I'll leave in uniform. So you have

options that you can do.

Q Okay. How about on March 7th? Did you change out?

A I did.

Q Okay. You said that on March 7th that you had a bag with you; is that correct?

A Correct.

Q And in that bag you said was your handcuffs and some other assorted items?

A Handcuffs, police radio, and assorted items police related.

Q Okay. Would you normally take that bag back and forth from work to home every single day?

A Yes.

Q So that's something that you -- as part of your routine you would take the bag to work and then from work to home?

A Well, you have the option to leave it in your locker, but me being a motorcycle police officer, I have a habit, if you will, and I grab what I need. Just in the event that something happens, I have a police radio with me and I have handcuffs with me, that if I have to act upon a situation that requires a police officer, I have the necessary items.

Q Okay. But you could leave it at the Bolden

Command back then?

A With the exception -- yes, I guess, with the exception of my service weapon and my radio. My radio I have an option to leave it in my locker if so be.

Q But your service weapon I'm assuming you keep with you at all times?

A Absolutely.

Q And probably your badge as well; correct?

A Correct.

Q So that's not something you'd leave in your locker no matter what you were doing; correct?

I mean, if you were leaving -- let's assuming you were leaving to go on vacation. You still wouldn't leave your service revolver and your -- your service weapon and your badge in your locker, would you?

A Depends. Maybe if I'm leaving on vacation.

Q Okay. On this particular day you said your supervisor told you you could leave early; correct?

A Yes.

Q Okay. Did he radio you? Were you already in the Bolden Command building? How did he tell you that logistically?

A Inside the area command building.

Q So you had already come back from patrolling?

A We had came back early, and he advised us to

go.

Q Okay. And just so I understand, he and the captain also told you that you had done enough acclimation from your injury to go back to traffic. Is that --

A So I was on a call that he showed up on, a patrol-related call.

Q Okay. Which "he"?

A I'm sorry. My sergeant.

Q Okay.

A And so he advised me that he had a conversation with the captain. He said that you were telling my guys who -- in this re-acclimation program you were being -- kind of overseeing, is I guess the word that I would use, by a field training officer, and he said that you are telling my guys things that they should know. There's no reason you should be here.

"So the captain and I had a conversation, and he signed your release papers effective" -- I don't recall if it was the shift or the shift after, but it was in close proximity -- "that you will be reporting back to the Traffic Bureau, and there's no reason you should be here for the 12 to 16-week duration."

Q And are those two individuals, your sergeant and the captain, are they the ones who have the

authority to release you back to your old position?

A I don't know for sure in terms of the sergeant. I would assume that he has to go through his chain of command, but the captain of that bureau is the -- I guess would make the decision based on the information he receives from my immediate supervisor.

Q Okay. And just so I understand, in essence he was saying to you that you know more than the people who are supposed to be supervising you?

A I don't want to word it that way.

Q I'm wording it that way.

A Okay.

Q Is that fair to say? I'm not trying to breach the chain of command for you. I just want to understand.

A I would like to put it that there's nothing for you to re-acclimate to.

Q Okay.

A You are up to speed and you shouldn't be here.

Q Okay. And so then you're already in the command building; correct?

A I am. Well, this conversation --

APPEALS OFFICER MORGANDO: No, no.

BY MR. SCHWARTZ:

Q This was -- okay. You're right. This

conversation happened on a call?

A Correct.

Q You then come back to the command building at some point later. I'm not saying --

A He advises me to come back.

Q Oh, okay. So he actually told you after this call to come back?

A "Go in early. Go get some seat time," is what we call it on a motorcycle which -- because effective the next shift or the shift after, I don't recall, and that's when he explained to me that I had been released from this program.

Q Okay.

APPEALS OFFICER MORGANDO: I'm sorry. Did you say "seat"?

THE CLAIMANT: Seat.

APPEALS OFFICER MORGANDO: S-E-A-T?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Okay.

THE CLAIMANT: On a motorcycle it's a jargon.

BY MR. SCHWARTZ:

Q So then you're --

APPEALS OFFICER MORGANDO: It's kind of like time in the saddle.

MR. MILLS: Euphemism.

THE CLAIMANT: Yes, ma'am.

BY MR. SCHWARTZ:

Q You're back at the command building?

A Yes, sir.

Q And he tells you you can leave early?

A He says, "Go get time in. If we need you, be close to your phone." And I had my radio with me as well.

Q Okay. And you have a -- do you have a personal cell phone? Is that what you mean by "phone"?

A Yes, sir.

Q Or was there a work cell phone?

A Personal cell phone, sir.

Q Okay. And the same question I asked you about the radio earlier. I just want to make sure I'm clear.

If you were to get a call at 2:30 in the morning, which is clearly not your shift time, on your personal cell phone that you need to come back, you don't have a choice but to come back; correct?

A If my supervisor says, "We need you back," I am going.

Q In your ten years on the force how many times has that happened?

A Count on one hand. Five maybe.

Q Okay.

A Ish.

Q Mr. Mills asked you some questions about consuming alcohol, and he asked you up until 12:30 when your shift ended you were -- you're not allowed to consume alcohol; is that correct?

A Correct.

Q Okay. After your shift ends are you free to consume alcohol?

A I am.

Q What is the policy, if you know, if -- you said a handful of times you got a call after hours to come back. What happens if you've been drinking? What's your response supposed to be when you get that call?

A If I've been drinking, I will advise my supervisor of the fact that I've been drinking.

Q And do you have any idea what happens if you do that?

A I have never been in that position to know.

Q Okay. Are you told by your supervisor that you are to advise them of that fact if that occurs or is this just something you would do?

A I don't know if it's something you're told. It's just -- it's kind of an unspoken rule. I guess I would say, "Hey, you know, just so you know, I've been

drinking."

Q Okay. How long approximately after you left, if you know, that night on March 7th did this accident occur?

A At what time did this accident --

Q How long after you had left the command center, the Bolden Command?

A The general -- the location of the accident is, I would say less, than two miles, a mile and a half from the Bolden Area Command. So ten minutes, five, ten minutes. Well, not five minutes. Maybe ten minutes, closer to.

Q And you said there was another officer who was behind you who later told you what had happened?

A I knew I was involved in an accident, and he explained what had happened. And he was able to make contact with the driver of the vehicle who hit me.

Q Okay. What is that Tyler McMeans? Is that his name?

A Yes.

Q Was Officer McMeans on a motorcycle when this happened?

A Yes.

Q Was he on a police motorcycle when this happened?

A No.

Q He was on his own motorcycle?

A Yes.

Q Okay. Was he also going through an acclimation process with you?

A No.

Q Do you know why he was on his own motorcycle at that particular time?

A No.

MR. MILLS: Objection; calls for speculation.

APPEALS OFFICER MORGANDO: If he knows.

THE CLAIMANT: No, I don't. It was his transportation.

BY MR. SCHWARTZ:

Q To and from work?

A Or to point A and point B, wherever he was going.

Q Was he working at the Bolden Command at the same time you were?

A He was.

Q Okay. Did he work the same shift that you did at the Bolden Command?

A He was assigned at the time to the same squad and shift that I was in this program.

Q Okay. So would that mean that if he was there

when your accident happened -- by "there" I mean in the same general vicinity -- he must have been let go early as well?

A Yes.

Q Because he was on his -- your recollection is he was on his own personal motorcycle?

A Yes.

Q Okay. And you don't -- do you ever ride your own personal motorcycle while on shift?

A In Bolden Area Command when I was working?

Q Let's start within the Bolden Area Command.

A Sometimes I've taken a motorcycle. Sometimes I drove a vehicle, car.

Q Okay. Maybe I'm not -- I don't understand your answer. So maybe I'll re-ask the question.

When this accident happened you were on your personal motorcycle; correct?

A Correct.

Q Okay. As part of your job duties are you ever required to use your personal motorcycle while, we'll call it, on duty and not released early?

A No.

Q Okay. Do you know if Officer McMeans, because you were working with him at that time, was required to use his personal motorcycle while on duty and not

released early?

A No.

Q No, you don't know, or no, you --

A No, he was not using his personal motorcycle for on duty.

Q Does the department have anything to do with your selection of your transportation from the command to your home? Do they provide you with anything?

A No. A vehicle, no.

Q Okay. So can you pick any kind of motorcycle that you want?

A No. To go home?

Q Let me start again. Your transportation to and from work.

A Uh-huh.

Q Can you drive in any type of motorcycle you wish?

A Sure.

Q Can you drive in any type of car you wish?

A Sure.

Q Does the department pay for any part of that commuting expense, cost of the car, cost of insurance, cast of gas, anything like that?

A No.

Q So you could live in St. George and commute

back and forth if you wanted to?

A Sure.

Q You talked a little bit about a duty to assist, and Mr. Mills asked you and you said that's your moral duty. That's your duty as a police officer.

Is that -- do you remember saying that?

A Something along those lines. I said that that's my oath that I took to protect and serve this community that I am a part of.

Q Would that extend to at any point in time during any day or do you think it's only during certain times when you're not technically in a police vehicle?

A You're a police officer 24 hours a day, seven days a week.

Q Okay. So you believe you have a duty to assist -- again, if we're going back to your shift at the time this happened, your shift ends at 12:30.

At 3:30 in the morning if you hear something outside your house, you have a duty to assist as a police officer?

A I wouldn't say -- it's a case-by-case basis, but I have a duty to assist. There are exceptions, and those exceptions for me are if my family's present.

Q Okay. When you say there are exceptions, is any of this actually in a handbook or a rules or

regulations that the department makes you follow or is this just you believe as a police officer you have this duty?

A I don't know if it's in any handbook, as you put it, but I'm speaking from my personal belief and the oath that I took to serve the community that I am a part of.

MR. SCHWARTZ: Okay. I don't have any other questions, your Honor.

APPEALS OFFICER MORGANDO: Mr. Mills, anything further?

MR. MILLS: Just briefly.

REDIRECT EXAMINATION

BY MR. MILLS:

Q I don't know if I asked you this on direct, but if you're being paid and on the clock and anyone from Metro superior team summons you, in that instance do you have the discretion to refuse?

A I do not.

Q Okay.

MR. MILLS: Nothing further, Judge.

APPEALS OFFICER MORGANDO: I think I only had one question. I looked at my notes, and I don't know if anybody asked it.

When you were working your re-acclimation assignment --

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: -- when did your shift begin, when you arrived at Bolden or when you left your home?

THE CLAIMANT: My shift began when I arrived at Bolden.

APPEALS OFFICER MORGANDO: Okay. And your shift ended when you left Bolden?

THE CLAIMANT: My shift ended --

APPEALS OFFICER MORGANDO: And on a normal day.

THE CLAIMANT: On a normal day my shift ends at midnight.

APPEALS OFFICER MORGANDO: 12:30 in the morning?

THE CLAIMANT: Yes, ma'am.

APPEALS OFFICER MORGANDO: Right, but once you -- once you leave Bolden and you're headed home, you're not considered on the clock, correct, except the day of your accident?

THE CLAIMANT: Right. We're on the hook. So, in other words, because my shift is still ongoing, I can be called back, This has happened or, Hey, we need

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

APPEALS OFFICER MORGANDO: I guess I'm a little confused because you're scheduled to work a particular -- from 2:30 in the afternoon to 12:30 in the morning.

THE CLAIMANT: Yes.

APPEALS OFFICER MORGANDO: So on a regular day you would leave at 12:30 in the morning, whether or not you were in uniform or not, and you're headed home.

THE CLAIMANT: Yes.

APPEALS OFFICER MORGANDO: You're not technically on your shift during that time period, are you?

THE CLAIMANT: If it's after 12:30?

APPEALS OFFICER MORGANDO: After 12:30.

THE CLAIMANT: I am not on my shift.

APPEALS OFFICER MORGANDO: Maybe I wasn't clear. Okay. But the night that you were headed home you were let go early.

THE CLAIMANT: I was still on my shift.

APPEALS OFFICER MORGANDO: And I think -- counsel, correct me. Did the accident occur at 12:25?

THE CLAIMANT: 22.

APPEALS OFFICER MORGANDO: 12:22?

THE CLAIMANT: I believe.

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

APPEALS OFFICER MORGANDO: I saw --

MR. SCHWARTZ: Via --

APPEALS OFFICER MORGANDO: -- military time.

MR. SCHWARTZ: Right. The C-1 form says the accident happened at 1513.

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: There was another one. The C-3 form says it happened at 1513. The C-4 form doesn't have a --

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: Oh, wait.

MR. MILLS: That can't -- that can't be right.

APPEALS OFFICER MORGANDO: I can't read it.

MR. MILLS: That's the afternoon.

MR. SCHWARTZ: Oh, the wrong one. My fault. Hold on.

APPEALS OFFICER MORGANDO: 1:30 p.m.

MR. SCHWARTZ: Hold on. I'm sorry. That's what happens when I look at somebody else's --

APPEALS OFFICER MORGANDO: Oh, no. That's the wrong injury. Hold on.

MR. SCHWARTZ: Right. Exactly.

APPEALS OFFICER MORGANDO: Because the one

that I saw, the C-3 for this incident, is at A-13.

MR. SCHWARTZ: Yeah, the C-4 form, which is on Page 12 of Exhibit 1, doesn't have a time. The C-3 form, which is on Page 13 of Exhibit 1, says 0025.

APPEALS OFFICER MORGANDO: Which would --

MR. SCHWARTZ: 12:25.

MR. MILLS: At 12:25.

APPEALS OFFICER MORGANDO: 12:25 a.m. Correct?

MR. SCHWARTZ: And the C-1 form, which is on Page 14, says 0025. Reported at 0028.

APPEALS OFFICER MORGANDO: Okay. All right. Sorry. I just wanted -- is anyone ordering a transcript? I didn't want to interrupt so much. I just wanted --

MR. SCHWARTZ: We had talked about -- we're not done yet, but we had talked earlier about doing briefs.

APPEALS OFFICER MORGANDO: Right.

MR. MILLS: Yeah.

MR. SCHWARTZ: If we're going to do briefs, then I will order a transcript.

MR. MILLS: So will I unless your Honor --

MR. SCHWARTZ: Excuse me. You don't need -- I mean, I'll order it. Because I'm assuming you want me

to submit it?

APPEALS OFFICER MORGANDO: Yes.

MR. SCHWARTZ: So I'll submit it as an evidence packet. There's a cost associated with it.

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: So we're okay paying for it. He doesn't have any money, "he" meaning Jason.

APPEALS OFFICER MORGANDO: All right. So are we finished with Mr. Figueroa?

MR. MILLS: Yes, your Honor.

APPEALS OFFICER MORGANDO: Okay. Sir, thank you very much. You may be seated.

THE CLAIMANT: Thank you.

APPEALS OFFICER MORGANDO: Mr. Mills, do you have any further witnesses?

MR. MILLS: No, your Honor. No, ma'am.

APPEALS OFFICER MORGANDO: Mr. Schwartz?

MR. SCHWARTZ: I'm going to call Jeff briefly.

APPEALS OFFICER MORGANDO: All right. Counsel, does anybody --

MR. SCHWARTZ: Do you care if he stays?

APPEALS OFFICER MORGANDO: Does anybody object if he stays at counsel table?

MR. MILLS: I don't.

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: Will you let us know if we're not talking loud enough into the microphone?

APPEALS OFFICER MORGANDO: And actually, it's close enough. You're sharing it. I think you should be fine. I will let you know though.

MR. SCHWARTZ: Okay.

APPEALS OFFICER MORGANDO: All right. Sir, raise your right hand.

Do you solemnly swear or affirm the testimony you're about to give in this matter shall be the truth, the whole truth, and nothing but the truth?

THE WITNESS: I do.

APPEALS OFFICER MORGANDO: State your name, please.

THE WITNESS: Jeff Roch, R-O-C-H.

APPEALS OFFICER MORGANDO: Okay. Thank you. Mr. Schwartz.

DIRECT EXAMINATION

BY MR. SCHWARTZ:

Q And, Mr. Roch, where do you currently work?

A I work for Las Vegas Metropolitan Police Department.

Q And how long have you worked at the Las Vegas Metropolitan Police Department?

A 20 years.

Q What's your current job title at the Las Vegas Metropolitan Police Department?

A I'm currently the director of risk management.

Q Okay. And is that primarily a desk job?

A Yes.

Q Prior to being the director of risk management what was your -- what other experience have you had at Las Vegas Metropolitan Police Department?

A Prior to this position I was assigned to the Traffic Bureau.

Q And what did you do at the Traffic Bureau?

A I was a motorcycle officer until I was involved in an accident.

Q And how long were you a motorcycle officer?

A One year.

Q And so you've been the director of risk management for 19 years?

A Actually, I was in risk management -- well, I was three years in patrol and traffic, two years in risk management before I became the director.

Q Okay. So you were a motorcycle officer and you were also a non-motorcycle officer?

A Yes.

Q Okay. Are you familiar with the -- as the

risk manager with the Las Vegas Metropolitan Police Department policies about letting officers go home early?

A Yes, more procedures than policies.

Q Okay. So wrong term. It should be procedures?

A Well, I'm not aware of a written policy on when an officer would leave, particularly in this case.

Q But you're aware of the procedures?

A Yes.

Q Okay. You've heard Mr. Figueroa testify that his sergeant called him in and said, "You can leave early."

Is that uncommon within the Las Vegas Metropolitan Police Department?

A No.

Q And why do supervising officers allow subordinate officers to leave early?

A Well, sometimes it will be that they came in early. Sometimes it will be that they stayed late within the previous couple of days. Sometimes it's a reward for a good case. It's commonly referred to as what we call EO or an early out.

Q Okay. And do they continue -- do the officers continue to get paid up until the time their shift

ends?

A Yes.

Q Are they subject to any -- I don't want to talk about recall yet because I'll get there in a second, but once they're let go, an EO, are they free to do whatever they want to do?

A Yes, within reason.

Q What's the reason? I mean, what's the within reason?

A It wouldn't be real wise to start drinking or have alcohol if you're still on the clock.

Q Okay. You've heard Officer Figueroa talk about potentially having to be called back --

A Yes.

Q -- when you get an EO. Is that correct according to the procedures?

A I'm not aware of it ever happening. Generally when we're talking about EO or a time frame, it is within the last hour of the shift. Sometimes it's been a couple of hours. I think I've been the benefit of that over the years.

But generally it's within that last hour where nothing much is going to happen. The shift is done, particularly near the end of the week on what we call a Friday, whatever day of the week that lands for folks,

but sometimes as a reward or if the other shift has come and taken over the calls for service and they were slow, sometimes the sergeant would be -- particularly in traffic what they would call it is the wave. Whenever the paperwork was done, all checked and turned in, you would get what they called the wave, and that would be anywhere from 12:15 to 12:30 to 12:45 depending on when your shift ended.

Q Okay. You've heard Officer Figueroa testify about a bag that he would pick up that would have his police radio, some other -- handcuffs and some other department items in it.

Are they -- are officers prohibited from taking department items home with them when their shift is over?

A No.

Q Are they allowed to take items home with them when their shift is over?

A Yes.

Q What about service weapons? Are they required to leave those at their place of employment or are they allowed to take those home?

A No requirement. They can take it wherever they want to take it.

Q Okay. To the best of your knowledge do

officers generally leave it in their lockers or do they take them home?

A I think it's a personal preference, but I think most officers transport it with them.

Q Okay. How about their badges? Is that something that they're allowed to take home with them or are they required to leave those wherever they're stationed?

A No. You're allowed to take them anywhere you want.

Q Okay. You've also heard Officer Figueroa testify about a duty to assist implicit in his oath.

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.

Q We've talked a little bit with Officer Figueroa about being called back in even after his shift has ended.

What's -- I'm not sure what the right term is to ask you this, but is what Officer Figueroa said correct, that any officer can be called in at any point in time during any day? Is that a fair way of saying it?

A Well, I believe what he's referring to is A/B roster activation if we had a large scale event.

Q Okay. Can you say that slower?

A Yes.

Q So we can make sure we get the record.

A I'm sorry. We call that A, B, and C roster. And so officers are set up, and if we had a large scale activation for, say, a terrorist event or -- our last time that we did it was in June of 2014 when we had both of our officers killed.

We would move to a 12-hour shift, but they would take a rotation. So our on-duty officers would work to stabilize. Anybody that would be normally on call for their position would be called first. We would stabilize, and then over the course of a 12 to 24-hour period we would begin to activate the A, B, C roster which would put officers on mandatory seven days a week, 12-hour shifts on, 12-hour shifts off, and we 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 from 6:00 p.m. to 6:00 a.m. so that there would be coverage on both events.

Q And that's something that is put into place only in the event of certain catastrophic events?

A Yes.

Q So again, in Officer Figueroa's case, if his supervising officer just didn't have enough manpower, he doesn't have the ability to call Officer Figueroa on his day off and say come in or does he?

A Not -- well, on his day off there would be a

reason for why we would call him on his day off. I think the testimony on this one, what they narrowed it to was the last hour or 45 minutes of the shift that he would have been, and I think it would be fairly tough to bring folks back that were within that last 45 minutes of just completing their shift.

So I'm not aware of it happening. Can it happen? I'm sure anything could happen.

Q I guess my question is, if Officer Figueroa -- if this was Friday, meaning he's not working the next two days, is there anything within the policies or procedures that you're aware of that his supervising officer, just Officer Figueroa, not a catastrophic event, can call up Officer Figueroa on his day off and say, "I just want you to come into work today"?

A I'm not aware of that.

Q Okay. Officer Figueroa answered these questions, but just again, on behalf of the Las Vegas Metropolitan Police Department, do you provide any vehicles, personal vehicles? Do you have anything to do with personal vehicles for the officers traveling to and from work?

A No.

Q Do you provide any kind of stipend for their travel to and from work?

A No.

Q Do you provide them with gas money for their travel to and from work?

A No.

Q How about insurance for their cars?

A No.

Q Do you have a say -- and by "you" I mean the Las Vegas Metropolitan Police Department -- in what an officer like Officer Figueroa drives to or from work?

A No.

Q Can you mandate that he get a motorcycle because he drives a motorcycle for work?

A No.

Q There's nothing in your policies or procedures that allow you to do that?

A No.

MR. SCHWARTZ: Okay. I don't have any other questions, your Honor.

APPEALS OFFICER MORGANDO: Mr. Mills.

MR. MILLS: Yes.

CROSS-EXAMINATION

BY MR. MILLS:

Q So you said that usually when they're given time off it's an early out? Is that what you called

it, an EO?

A Yes.

Q And that's usually done for what reasons?

A It could be any number of reasons. We could be at the end of the week and everybody worked hard. It could be that somebody stayed over a shift or was early or it just could be a reward from the supervisor for a good case or hard work during the week.

Q So it could be for a number of reasons?

A Yes.

Q You heard him testify what the reason was that he was given an early out for this; correct?

A Yes.

Q And that was to get additional seat time because he was getting transferred back to motors?

A That's what I heard.

Q Would that make sense?

A I've never heard it quite like that where they say go get seat time, but if he represents that the sergeant said that, I don't know. I wasn't there.

Q That's not against company policy or Metro policy to do that?

A I don't -- it would be because I don't know why you would mix personal with work, but seat time on a personal bike is a whole lot different than seat time

on a Metro bike.

Q Yeah, that's not my question.

I'm asking you is it against company policy to allow someone to leave early out and instruct them to go get extra seat time?

APPEALS OFFICER MORGANDO: If you know.

THE WITNESS: I don't. I don't know if there's a policy on that or not.

BY MR. MILLS:

Q Okay. Is it accurate to say while he was still -- during his shift and his supervisor called him back, not whether or not it's normal, but if he would have done that, could he have refused him and said, "Absolutely not, I'm not coming back" and subject himself to no discipline?

A I don't know for certain, but I would venture to say that there would be an internal affairs investigation, and they would look at the totality of the event. And there would be a conclusion after Officer Figueroa was provided his rights and provided his statement.

Q Okay. That would be during his shift?

APPEALS OFFICER MORGANDO: I'm not understanding.

THE WITNESS: I don't understand the question.

MR. SCHWARTZ: I understand what he's saying.

BY MR. MILLS:

Q He had an early out that evening.

A Okay.

Q Right?

A Yes.

Q And he was paid till 12:30 because his shift was till 12:30.

A Yes.

Q So he was released early, whether it's a half hour or 45 minutes.

A Okay.

Q Right?

A Yes.

Q If his supervisor had called him back during that time period and he received that call, would he be able to tell him, "Absolutely not, I'm not coming back," and it would be in his discretion to do that and he would receive no discipline whatsoever?

A I don't think I could answer that because I think it depends on multiple factors.

Q And those factors would be?

A Would be -- well, in this particular case, the accident happened at 12:25. So had his supervisor called him at 12:25, would he have had a right to

refuse it? He was probably more than five minutes away from the station, and that would have put him towards the end.

So I think the answer is it would be based on a totality of circumstances, and that's why I think it would be appropriate for internal affairs to just do their investigation. I mean, it's a hypothetical. I can't say for certain that a supervisor would or would not discipline him in the time frame that we were talking.

Q But internal affairs would get involved?

A Yes. If they started a complaint, yes, they would.

Q And they would have the right to initiate a complaint if he refused during his shift hours?

A Yes.

Q Okay.

MR. MILLS: Nothing further, Judge.

REDIRECT EXAMINATION

BY MR. SCHWARTZ:

Q And just to follow up on that, you've already identified that there are times when officers who are not on duty as a group are required to come on duty; correct?

A Yes.

Q Like the unfortunate situation that happened in 2014?

A Yes.

Q If they called an officer when that happened and the officer said, "I'm not coming in," what would happen?

A There would be an internal affairs investigation.

Q So it doesn't really matter if they're on duty or off duty. If they're called in and they say no, someone is going to -- has the right to file or to initiate a complaint?

A Yes.

MR. SCHWARTZ: Do you want to jump in? I don't mind.

MR. MILLS: May I.

MR. SCHWARTZ: I mean, I'm not quite done, but if you have a question, let's just keep him on the same area.

BY MR. MILLS:

Q You had indicated that if he was off duty and the supervisor did call him, then he would have no duty to respond.

So why would an internal affairs investigation

begin?

MR. SCHWARTZ: Maybe you didn't understand my question. Maybe I can ask it better.

MR. MILLS: Okay.

MR. SCHWARTZ: I was asking in the situation that he had described with the two officer fatalities where they actually called in groups of people.

APPEALS OFFICER MORGANDO: With the A, B, C rosters.

MR. SCHWARTZ: Right.

MR. MILLS: I understand.

MR. SCHWARTZ: And I was asking if in that scenario where they're not on duty but they're called in because of some kind of tragedy or catastrophic event and they say -- and a specific officer says, "No, I'm not coming in," if that could or would lead to the same potential discipline.

APPEALS OFFICER MORGANDO: You know, and I mean no disrespect by this. I'm not sure we have the right witness for that. I don't know. I mean, in terms of internal investigations or something like that are there written policies regarding this or is it just generally known?

THE WITNESS: Regarding a return to --

APPEALS OFFICER MORGANDO: Right, the refusal

to come in, whether it's -- the refusal to come back or come in. I mean, I don't know if --

MR. SCHWARTZ: Do you want me to find out if there's a written policy? Is that what you're asking? I don't know the answer, your Honor.

APPEALS OFFICER MORGANDO: Okay. Yeah, but I mean, actually -- but, I mean, what if somebody is -- you know, they get the call on their personal phone. I don't know if that's normal but -- and they're in New York on vacation, and they say, "I'm in New York on vacation. I'm not coming back."

Does that result in an internal affairs investigation? I mean, I don't know.

MR. SCHWARTZ: I think there has to be a complaint by a supervising officer.

APPEALS OFFICER MORGANDO: Oh.

MR. SCHWARTZ: In order to do an internal affairs investigation.

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: It's not just some dispatcher called me and said come in, and I said I can't come in, and then you're suddenly subject to --

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: I think Mr. Roch has used the term "complaint."

APPEALS OFFICER MORGANDO: Got it. Okay.

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

APPEALS OFFICER MORGANDO: Okay.

MR. SCHWARTZ: But if you want more backup documentation, your Honor, I don't mind looking for it.

APPEALS OFFICER MORGANDO: No, I don't think -- that answers my question, actually, as to how the IA investigation starts. It has to be based on a 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.

BY MR. SCHWARTZ:

Q And I just have one other question because you said something in cross-examination that kind of puzzled me.

So Officer Figueroa's shift was scheduled to end at 12:30 a.m. according to the documents we have.

A Yes.

Q So that means he's done at 12:30 a.m.

Is that a fair statement?

A Fair.

Q This accident, according to the documents we have, happened somewhere around 12:25 a.m.

A Yes.

Q Are they -- I'm trying to figure out if he's more than five minutes away and he gets a call, it's going to take him more than five minutes to get back to the command which means he's now working overtime; correct?

A Yes.

Q Okay. So in order for them to call him back if he has -- if it takes him longer to get back and it goes beyond his shift, he's now being paid overtime?

A Yes.

Q Is that --

A Yes.

Q Okay. So if your shift ends at 12:30 and you have to work up until 12:35, you're getting five minutes of overtime?

A Well . . .

Q Assuming you've --

A Five minutes is probably not. That's where they would do an adjust or something along that line. They wouldn't pay you five minutes of overtime. I think the overtime goes in increments of 15 minutes.

So they would either say 15 minutes or no overtime or "I'll help you out down the road."

MR. SCHWARTZ: Okay. I don't have any other questions.

MR. MILLS: I have one other, Judge.

RECROSS-EXAMINATION

BY MR. MILLS:

Q You also indicated that you shouldn't -- until your paid shift ends you shouldn't drink. That wouldn't be reasonable.

Is that accurate to say?

A That's accurate.

Q So up until 12:30, even though he's out 45 minutes, he shouldn't be drinking alcohol?

A Well, I guess better said is if he's going to be armed, it is a misdemeanor to be intoxicated and be in possession of a firearm. So whether you're on your shift or off your shift, we've had some issues in the past where folks are intoxicated with their firearm. So if you're going to have your firearm, whether you're on duty or off duty, never a good idea to drink if you're going to have a firearm.

Q No, I -- without a firearm.

APPEALS OFFICER MORGANDO: There's no

question -- there's no issue of this officer having consumed anything.

THE WITNESS: No.

APPEALS OFFICER MORGANDO: This is more a question of protocol.

MR. SCHWARTZ: And just so we're clear for the record, your Honor, absolutely not. There's no allegation of --

APPEALS OFFICER MORGANDO: I don't -- I didn't see anything in the records.

MR. SCHWARTZ: No, and I don't think Mr. Mills is making that statement.

MR. MILLS: No. The Tighe case had drinking involved.

MR. SCHWARTZ: Right.

MR. MILLS: That's why I'm --

APPEALS OFFICER MORGANDO: Right, right, right. Okay.

MR. SCHWARTZ: I just want to make sure your Honor is clear for the record that there's no allegation on our side, and I'm assuming not on Mr. Mills' side either.

APPEALS OFFICER MORGANDO: That's where I thought you were going with this. So I just wanted to make sure I didn't miss something in the medical

records.

MR. MILLS: No, Judge.

APPEALS OFFICER MORGANDO: Okay.

MR. MILLS: No.

APPEALS OFFICER MORGANDO: All right.

BY MR. MILLS:

Q So again, when an officer's shift -- during his scheduled shift, he's expected not to drink during his scheduled hours of work?

A Yes.

Q Correct?

A Correct.

MR. MILLS: Okay. Nothing further.

MR. SCHWARTZ: I don't have any follow-up, your Honor.

APPEALS OFFICER MORGANDO: I don't have anything else.

All right, Mr. Roch. Thank you very much for your testimony.

THE WITNESS: Thank you.

APPEALS OFFICER MORGANDO: Mr. Schwartz?

MR. SCHWARTZ: I don't have any other witnesses, your Honor.

APPEALS OFFICER MORGANDO: Okay. We're running about two to three weeks, I think, right now on

transcripts, unless you know of anything differently.

MR. SCHWARTZ: That's if you're lucky.

APPEALS OFFICER MORGANDO: Okay. So if we're not lucky, we're thinking a month.

MR. SCHWARTZ: I was going to say, I was told yesterday that if I wanted a transcript expedited, because in a particular case I wanted it expedited, that it's five days for expedited. Because whoever the transcript service is that's being used is one woman. I mean, it could be one man. I don't mean to say because it's a woman, but it's one person, and apparently she has a lot of transcript orders so . . .

APPEALS OFFICER MORGANDO: News to me.

MR. SCHWARTZ: I was told this yesterday because I had the same question. I was a little fired up and wanted a transcript very quickly and was told --

APPEALS OFFICER MORGANDO: News to me. Okay.

MR. MILLS: That it's going to take a month?

MR. SCHWARTZ: It will probably take two to three weeks to get the transcript.

APPEALS OFFICER MORGANDO: Okay. I'm just trying to set your briefing schedule.

MR. SCHWARTZ: If we're -- I mean conservatively.

MR. MILLS: Okay. And I'm gone June 15th to

July 15th.

MR. SCHWARTZ: He's doing transcripts.

MR. MILLS: No, I'm just saying --

MR. SCHWARTZ: Just kidding.

APPEALS OFFICER MORGANDO: I'm thinking --

MR. MILLS: Yes. I'm going to get a second job.

APPEALS OFFICER MORGANDO: June 15. I don't know how to type so help me. June 15th you're -- it's going to be really difficult if we --

MR. SCHWARTZ: I don't mind -- I don't want Mr. Mills to have to either, A, worry about doing a brief while he's on vacation.

APPEALS OFFICER MORGANDO: On vacation? We're not that cruel.

MR. SCHWARTZ: Or B, kill himself the day before he leaves to get the brief done. So if it's okay with Mr. Mills, we can do it after he gets back.

APPEALS OFFICER MORGANDO: And when do you come back? I'm sorry.

MR. MILLS: The 15th of July.

APPEALS OFFICER MORGANDO: End of July?

MR. MILLS: 15th.

APPEALS OFFICER MORGANDO: No, no, no. I'm thinking aloud for when it would be due.

MR. MILLS: Oh, yeah, that's fine.

APPEALS OFFICER MORGANDO: Do you want simultaneous or do you want opening --

MR. MILLS: Yes. I'm fine with simultaneous.

MR. SCHWARTZ: Simultaneous is fine. If you want to do the end of July, that's fine.

MR. MILLS: I'm fine.

APPEALS OFFICER MORGANDO: First week of August. I'll pick a date in there.

MR. MILLS: Perfect.

APPEALS OFFICER MORGANDO: And I'll just issue a briefing order.

MR. SCHWARTZ: Okay.

MR. MILLS: Perfect. And, Dan, you're going to get the transcript and you'll file it?

MR. SCHWARTZ: I'll submit it as an exhibit.

MR. MILLS: And you're going to get me --

MR. SCHWARTZ: I'm going to get you Lisa's packet which just has two little marks on it.

MR. MILLS: Okay. Cool.

APPEALS OFFICER MORGANDO: All right. Counsel, thank you very much. The matter will stand submitted upon receipt of your briefs. I will issue my decision within 30 days. Thank you.

(Proceedings concluded at 3:12 p.m.)

C E R T I F I C A T I O N

TITLE: DAVID FIGUEROA

DATE: May 10, 2017

LOCATION: Las Vegas, Nevada

The below signature certifies that the proceedings and evidence are contained fully and accurately in the tapes and notes as reported at the proceedings in the above referenced matter before the Department of Administration, Appeals Office.

Kelly Paulson — 05/16/2017

KELLY PAULSON — DATE

CERTIFIED COURT REPORTER #628

Signature Certificate

Document Reference: TEWEPMJTVKUXVLUKBZPBKF

RightSignature
Easy Online Document Signing

Kelly Paulson
Party ID: 34HH3SIDE2WFXZWEUTGVU8
IP Address: 68.7.171.222
VERIFIED EMAIL: keltypaulson@gmail.com

Electronic Signature
Kelly Paulson

Multi-Factor Digital Fingerprint Checksum: 76d50f68a84f7c9733485807142efcd0f88a27c4

Timestamp	Audit
2017-05-16 20:21:18 -0700	All parties have signed document. Signed copies sent to: Kelly Paulson.
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2017-05-16 20:20:31 -0700	Document viewed by Kelly Paulson (keltypaulson@gmail.com). - 68.7.171.222
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FILED
MAY 16 2017
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA,	Appeal No: 1511793-MM
Claimant.	

ORDER FOR SIMULTANEOUS BRIEFS

IT IS HEREBY ORDERED that the parties are to submit simultaneous briefs by August 4, 2017.

IT IS SO ORDERED this 16th day of May, 2017.

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

Doc 011

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR SIMULTANEOUS BRIEFS** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
6831 HILLSTOP CREST CT
LAS VEGAS NV 89131

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

LVMPD - HEALTH DETAIL
ABIGAIL BUCKLER
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 16th day of May, 2017.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
MAR 10 2017
APPEALS OFFIC

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA,	Appeal No: 1511793-MM
Claimant.	

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of the Appeals Officer for a **HEARING** on:

DATE: **May 10, 2017**

TIME: **2:00PM-3:00PM**

PLACE: **DEPARTMENT OF ADMINISTRATION**
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

###

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

###

IT IS SO ORDERED this 10th day of March, 2017.

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

DOC012

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF RESETTING** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
6831 HILLSTOP CREST CT
LAS VEGAS NV 89131

JASON MILLS ESQ
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DANIEL SCHWARTZ ESQ
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2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 10th day of March, 2017.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
NOV 22 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No:	15D34E72969
DAVID FIGUEROA,	Appeal No:	1511793-MM
Claimant.		

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of the Appeals Officer for a **HEARING** on:

DATE: **March 7, 2017**

TIME: **1:00PM-3:00PM**

PLACE: **DEPARTMENT OF ADMINISTRATION**
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

###

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

###

IT IS SO ORDERED this 22nd day of November, 2016.

Michelle L Morgando

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

Doe013

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF RESETTING** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
6831 HILLSTOP CREST CT
LAS VEGAS NV 89131

JASON MILLS ESQ
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DANIEL SCHWARTZ ESQ
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2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 22nd day of November, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

RECEIVED AND FILED
2016 NOV -2 PM 3:12
STATE OF NEVADA DEPT OF ADMINISTRATION HEARINGS DIVISION

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E72969 Appeal Nos.: 1511793-MM

NOTICE OF REQUEST TO CROSS-EXAMINE PURSUANT TO NRS 616C.355

PLEASE TAKE NOTICE THAT CLAIMANT hereby invokes the right under NRS 616C.355 and formally requests to cross-examine any and all person(s) whose affidavit and/or declaration is offered by the opposing parties to be entered into evidence in the above-referenced proceeding.

Dated this 2 day of November, 2016.

JASON D. MILLS, ESQ.
Nevada Bar No. 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, Nevada 89104
Attorney for Claimant

DOC 014

CERTIFICATE OF MAILING

I hereby certify that on the 3 day of October, 2016 a true and correct copy of the **NOTICE OF REQUEST TO CROSS-EXAMINE PURSUANT TO NRS 616C.355** was deposited in the United States mail, proper postage prepaid to the following:

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Neeman & Mills, PLLC

IN THE SUPREME COURT OF THE STATE OF NEVADA

CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT Appellants, vs. DAVID FIGUEROA, Respondent.	Supreme Court Case No.: 78926 District Court Case No.: A-18-779790-J

APPELLANTS' APPENDIX VOLUME 2

DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102-4375
Attorneys for Appellants Cannon Cochran Management Services, Inc. And Las Vegas Metropolitan Police Department

JASON MILLS, ESQ.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102
Attorney for Petitioner David Figueroa

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CLAIMANT'S APPEAL MEMORANDUM FILED NOVEMBER 2, 2016	2	281-283
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[1] Note: This Appendix contains the Record on Appeal exactly as it appeared in District Court. District Court documents are included after the formal Record on Appeal at Volume 4.

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 30 day of October 2019, service of the attached **APPELLANTS' APPENDIX VOLUME 2** was made this date by depositing a true copy of the same for mailing, first class mail, and/or electronic service as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS, BRISBOIS, BISGAARD & SMITH, LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E72969 Appeal Nos.: 1511793-MM

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARING OFFICER
2015 NOV -2 PM 3:12
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AND
FILED

CLAIMANT'S FIRST LIST OF EXHIBITS

COMES NOW, DAVID FIGUEROA, ("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC, and hereby submits his First List of Exhibits in this matter.

I. AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the social security number of any person.

II. LIST OF EXHIBITS

	Page No(s).
C-4 Form	1
Medical records from UMC	2-66
Occupational Injury/Illness Exposure Report	67
C-3 Form	68
Claim Denial dated 4/9/2015	69

Claimant reserves the right to supplement this list as additional documentation become

DOC 015

CLAIMANT'S EXHIBIT # 2

available.

Dated this 2 day of November, 2016.

JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 89104
Attorney for Claimant

CERTIFICATE OF MAILING

I hereby certify that on the 2 day of November, 2016 a true and correct copy of the **CLAIMANT'S FIRST LIST OF EXHIBITS** was deposited in the United States mail, proper postage prepaid to the following:

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Neeman & Mills, PLLC

150307-0108

Acct #

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FLORES	10-28-70	M F	

Home Address	Age	Height	Weight	Social Security Number
5207 SPARKLING VINE AVE	44	6'2"	240	

City	State	Zip	Telephone
LAS VEGAS	NV	89131	347-682-6476

Physical Address	City	State	Zip
S/A			

INSURER	THIRD-PARTY ADMINISTRATOR	Primary Language Spoken
UMR		ENGLISH

Employer's Name/Company Name	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred	Telephone
LVMPD	POLICE OFFICER	702-828-3111

Office Mail Address (Number and Street) 400 S. MARTIN LUTHER KING BLVD LV, NV 89106

Date of Injury (If applicable)	Hours Injury (If applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015	am pm	03/07/2015		R. JOHNSON

Address or Location of Accident (If applicable)
MARTIN LUTHER KING & CAMINO AL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (If applicable)
DRIVING

How did this injury/or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (If applicable)
TYLER
MCNEAL

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

Date

Place LMC

Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place LMC Trauma

Name of Facility Lenworth Medical Center

Date 3/7/15

Diagnosis and Description of Injury or Occupational Disease: Right Femur Fracture

Hour 24 hr

Treatment: admitted to hospital for surgical repair

X-Ray Findings: Right Femur Fracture

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (If yes, please explain)

Was you advised the patient in regard to modified duty or work?
☒ Yes Indicate dates: from 3/7/15 to to be determined
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
If modified duty, specify applicable restrictions: to be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date 3/7/15

First Name of Physician: Deborah Liu

I certify that the employer's copy of this form was mailed to the employer on:

Address 180 W Charleston Blvd

City NV State Zip 89101

Provider's Tax I.D. Number 88-0393820

Telephone 702 383 2411

Physician's Signature

Degree MD

INSURER'S USE ONLY

MAR 16 2015

CCMSI - LVMPD

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE Form C-4 (rev 01/15)

03/09/2015 18:25 7028283152 LVMPD BAC PAGE 01/01

0021 000001

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

ADMITTED: 03/07/2015

TRANSFERRED: 03/20/2015

ADMISSION DIAGNOSES:
1. Status post motorcycle crash.
2. Multiple left-sided pelvic fractures with hip dislocation and femoral head fractures.
3. Left-sided comminuted tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
4. Significant loss of tissue and degloving injury to the anterior aspect of the left knee.
5. Left humerus fracture and olecranon fracture in conjunction with laceration of the left elbow.
6. Left 5th rib fracture.
7. Focal sigmoid fat stranding on CT scan.
8. Injury to the left popliteal artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:
1. Status post motorcycle crash.
2. Left pelvic fractures including acetabulum, femoral head, inferior pubic, status post ORIF.
3. Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
4. 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.
6. Left humerus and olecranon fracture, open, status post ORIF on March 9th and revision on March 18th.
7. Degloving injury of the left knee with open fracture, status post reduction.
8. Sigmoid fat stranding with benign abdominal exam. No evidence of bowel injury.
9. Paresthesias of the left lower extremity, likely secondary to severe injury, stable.

DIAGNOSTIC STUDIES:
1. 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.
2. A CT of the abdomen and pelvis with IV 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 hematoma identified.
3. 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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CCMSI ~ Las Vegas

mild right C4-5, and mild right C5-6 neural foraminal stenosis.
4. CT of the chest, with contrast, March 7, 2015: Fracture noted in the left lateral 5th rib. Bilateral lower lobe atelectasis noted.
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. CT of the lumbar spine, March 7, 2015: No evidence of lumbar spine fracture. Postoperative changes at L5-S1 noted.
8. Left humerus x-ray, March 7, 2015: Humeral diaphyseal 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. Femur x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic subluxation/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 phalanx of the 1st digit as described.
16. CT pelvis reconstruction, March 7, 2015: Comminuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEDURES:
1. Open left knee dislocation with femoral head fracture, left tib fracture with multiple comminuted distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
2. Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration, March 7, 2015.
3. Closed reduction left knee, external fixation application femur 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.
4. Left popliteal artery repair with reverse saphenous 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 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 fixation of left tibial pilon fracture, external fixator removal from tibia and fibula, revision open reduction, internal fixation of left olecranon, hardware removal of left olecranon, March 16, 2015, per Dr. Michael Monroe.

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HOSPITAL COURSE: Mr. Figueroa is 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 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 vascular 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 fixators while on the floor service. We have had difficulty managing his pain. Therefore, we consulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilized 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.

CONDITION: Stable.

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

HOSPITAL MEDICATIONS:
1. Tylenol 650 milligrams oral q.6 hours p.r.n.
2. Lovenox 40 milligrams subcutaneously before bed for DVT prophylaxis.
3. MiraLAX powder 17 grams by mouth daily. While on narcotics.
4. Zofran 4 milligrams IV q.4 hours p.r.n. nausea.
5. Robaxin 1000 milligrams by mouth q.i.d. for muscle spasms.
6. Oxycodone 15 milligram tablets q.4 hours p.r.n. breakthrough pain.
7. Hydroxyzine 25 milligrams q.6 hours p.r.n.
8. Oxycodone 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. Nexium 20 milligrams by mouth before breakfast.
11. Aspirin 81 milligrams by mouth daily.

DIET: Regular as tolerated.

FOLLOWUP:
1. Patient is to follow up with Dr. Monroe in 2 weeks.
2. 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,

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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.

EC/MedQ
ID: 03/19/2015 10:00:57
DT: 03/19/2015 11:06:18

ESMERALDA CLARK, APN

NICHOLE INGALLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 759119/548132663
PHYSICIAN: NICHOLE INGALLS, MD
DICTATED BY: ESMERALDA CLARK, APN

TRANSFER SUMMARY

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

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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:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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: HYER, KEVIN on 03/27/2015

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0010 - OR ANKLE LIMITED (LEFT) -- 6918391

History: Left ankle fracture.

Findings: 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0030 - OR ELBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FLUOROSCOPY: 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.

Fluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.

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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

ANESTHESIOLOGIST: Dr. Koon

PREOPERATIVE DIAGNOSIS:
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 tibia and fibular retained external fixators.
4. Left olecranon malunion.
5. Left olecranon retained hardware.

PROCEDURE:
1. 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 olecranon.
4. Hardware removal of left olecranon.

ANESTHESIA: 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 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 humerus and olecranon 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 olecranon 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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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 anterior lateral plate was then placed on the ankle and a combination of locking 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 metadiaphysis with good alignment and articular congruity.

The incisions were then irrigated, closed with 0 Vicryl, 2-0 Vicryl and 3-0 nylon and a sterile compressive dressing was placed on the ankle as well as the knee, which was a long leg molded anterior-posterior 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 bone. Final images showed good reduction with good position of the wires. The wires were cut short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 nylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in satisfactory condition. No complications.

MM/MedQ
ID: 03/16/2015 12:52:58
DT: 03/16/2015 16:24:33

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 375482/647700527

DICTATED BY: MICHAEL MONROE, MD

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OPERATIVE REPORT

Electronically Authenticated and Edited by:
Michael Monroe, MD On 03/20/2015 11:09 AM PDT

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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: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, CHRISTOPHER
Order Number: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MUIR, BENJAMIN
Dictated on: 03/13/2015 at 00:03
Signed and Finalized by: MUIR, BENJAMIN on 03/13/2015

Exam Charge Date: Mar 13 2015 12:03AM
PROCEDURE: RAD 0020 - CHEST PORTABLE -- 6915572

XR 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: 11/13/2015.

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.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
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 Finalized by: HSU, FRANK on 03/11/2015

Exam Charge Date: Mar 11 2015 2:58AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6914224

XR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Cardiac and mediastinal silhouettes are unchanged from the previous examination. Endotracheal tube is at the level of the head of the clavicles . Nasogastric tube is visualised. 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 2T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONICOLL, 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.

FINDINGS:

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

IMPRESSION:

No acute findings. Stable examination.

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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 ILLNESS: 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 prone position with his legs apart. The patient denies 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: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

FAMILY 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.
ENT: External appearance of ears and nose is normal. No exudates or erythema.
CARDIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the bilateral upper and lower extremities.
LUNGS: 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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olecranon fracture. Radiographs of the left foot reveal no fracture. Left femur 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 diaphyseal humeral fracture. CT of the pelvis reveals posterior left hip dislocation with mild sacroiliac diastasis on the left with left inferior pubic 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 dislocation.
3. Left sacroiliac diastasis.
4. Left humeral 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 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 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 schedule allows.

RJ/MedQ
ID: 03/10/2015 12:13:32
DT: 03/10/2015 16:39:22

ROSS JONES, MD

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 734267/646969650
PHYSICIAN: MICHAEL MONROE, MD
DICTATED BY: ROSS JONES, MD

CONSULTATION REPORT
Electronically Authenticated by:
Michael Monroe, MD On 03/11/2015 02:53 PM PDT
Electronically Authenticated and Edited by:
ROSS JONES, DO On 03/13/2015 05:52 PM PDT
Electronically Authenticated by:
Michael Monroe, MD On 03/20/2015 11:05 AM PDT

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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: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, 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
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.

IMPRESSION:

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

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SYLVAIN, GERALD
Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINGH, SUKHJINDER
Dictated on: 03/08/2015 at 12:05
Signed and Finalized by: SINGH, SUKHJINDER on 03/08/2015

Exam Charge Date: Mar 8 2015 12:05PM
PROCEDURE: SUG 0081 - 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: 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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: MONROE, 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, JIMMY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:48PM
PROCEDURE: ZUG 0086 - OR 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 ORIF of the left humerus and proximal ulna.

Fluoroscopy time: 5.3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION:

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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. Adamgh

PREOPERATIVE DIAGNOSIS:
1. Left humeral shaft fracture.
2. Left olecranon fracture.

POSTOPERATIVE DIAGNOSIS:
1. Left humeral 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 olecranon fracture.

ANESTHESIA: General.

TOURNIQUET TIME: None.

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

INDICATION FOR PROCEDURE: 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 anesthesia, 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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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.

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

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 732550/646881781

DICTATED BY: MICHAEL MONROE, MD

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

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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:

ANESTHESIOLOGIST: Dr. Goffstein

PREOPERATIVE DIAGNOSIS: 1. Left T type acetabular fracture with fracture of both columns of the acetabulum.
2. Displaced left femoral head fracture.
3. Left trochanteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERFORMED:
1. Open reduction and internal fixation of left acetabular fracture.
2. Open reduction and internal fixation of left femoral head fracture.
3. 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 comminuted 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 stabilization.

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 left 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

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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 column 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 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 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 fluoroscopy. 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 anterior 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 screws 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. Antibiotic ointment 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: FIGUEROA, 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, MD On 03/19/2015 02:28 PM EDT

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911935

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 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 exam 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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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 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
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 0018 - TR CT BRAIN 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:

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. The visualized paranasal sinuses 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, 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 SPINE W/O CONTRAS -- 6911939

CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 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 nonunion of the posterior C1 ring.

There is moderate to severe left C3-C4, mild right C4-C5 and mild right C5-C6 neural foraminal stenosis.

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

IMPRESSION:

No cervical spine fracture or malalignment noted.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9529043215
Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911940
Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, 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 ABDOMEN AND PELVIS WITH CONTRAST:

CLINICAL HISTORY: Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femurs, 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.

CONTRAST: Iodinated intravenous contrast

FINDINGS:

Lung bases: Unremarkable.
Liver: Normal.
Gallbladder: Normal.
Biliary tree: No ductal dilatation.
Pancreas: Normal.
Spleen: Normal.
Adrenal glands: Normal.
Kidneys: Normal, without urolithiasis 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.
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 mesenteric hematoma identified.
Retroperitoneum: The retroperitoneum is unremarkable.

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Aorta: Normal in caliber.
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 ramus fracture contains a small component of the anteroinferior 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 cm 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 foramen. 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911941

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

CTA 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 contrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nonionic iodinated 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:

Nonvascular findings:
Refer to the dedicated CT abdomen pelvis study for a discussion of the left pelvic fractures. There is moderate diastasis 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 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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Traumatic 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 Wagoner by Jerrell Ingalls M.D. on 3/7/2015 2:36 AM PST.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911943

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 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.

CONTRAST: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no pneumothorax, pleural effusion, pericardial effusion, lymphadenopathy or mediastinal hematoma. Thoracic aorta is normal.

Fracture noted in the left lateral fifth rib.

IMPRESSION:

Fracture noted in the left lateral fifth rib.

Bilateral lower lobe atelectasis noted.

Unremarkable exam otherwise. Normal thoracic aorta.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0140 - TR CT THORACIC SPINE RECONS -- 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 alignment.

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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/26/1970
MRN: 0001906211

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, HUBERT on 03/07/2015

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

Lumbar spine CT

Information: Trauma

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 hardware 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 retrolisthesis of L2 over L3 by about 2 mm area

Impression:

No evidence of lumbar spine fracture.

Postoperative changes at L5-S1 noted.

IMPRESSION: \

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIEHLS, DEBORAH
Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

XR TIBIA 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

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: INGALLS, JERRELL on 03/07/2015

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

XR FEMUR

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 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 pubic ramus fracture is evident with 5 mm of inferior displacement of the ischial 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.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:32
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:32AM
PROCEDURE: TRD 0045 - TR FOOT LIMITED (LEFT) -- 6911954

XR FOOT

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left foot, 3 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911979

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH
Dictated 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

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 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KOELS, DEBORAH
Order Number: 6911980

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 02:29
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM
PROCEDURE: TRD 0047 - TR FOREARM (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 olecranon process site. This extends to the trochlear notch. The olecranon process fragment is proximally displaced 7 mm. No additional fracture identified. An overlying fiberglass splint limits assessment of osseous detail. Circumferential elbow and forearm soft tissue swelling is evident.

IMPRESSION:

1. Mildly displaced proximal ulnar fracture.

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(702) 383-2261

Patient Name: FIGUEROA, DAVID
Sex: M
Location: TRCH;0201
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, MICHAEL
Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 04:57
Signed and Finalised by: INGALLS, JERRELL on 03/07/2015

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

INTRAOPERATIVE FLUOROSCOPY: 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(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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHKHUI, HASANALI
Order Number: 6912114

Order Date: 03/07/2015

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

Exam Charge Date: Mar 7 2015 8:30AM
PROCEDURE: THD 0022 - TR CHEST PORTABLE -- 6912114

XR CHEST 1 VIEW

HISTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

FINDINGS:

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. 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 exams.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHWJI, HASANALI
Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYE, STEPHEN
Dictated on: 03/07/2015 at 10:21
Signed and Finalized by: HOYE, STEPHEN on 03/07/2015

Exam Charge Date: Mar 7 2015 10:21AM
PROCEDURE: TRD 0064 - TR HIP 1 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 pubic 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 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 pubic 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SALDANHA, 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

Exam Charge Date: Mar 7 2015 8:33PM
PROCEDURE: TCT 0145 - TR CT PELVIS RECONS -- 6912534

CT PELVIS RECONSTRUCTION

INDICATION: Fracture.

COMPARISON: None.

TECHNIQUE: Contiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the axial data set. Utilizing 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 acetabular fracture with posterior left hip dislocation.

IMPRESSION:

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9928043215
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:

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
03/07/2015 02:40	MP24	98.0 F	90 /min	22 /min	133/99 mm Hg	98%	10/10

Allergies

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)
mce (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 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 in the last 6 months. (MP24 02:40)

Height/Weight

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: 2.39 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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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8928049215
Medical Rec. Number: 0001908211	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

albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes
Indications: dyspnea
albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT QID ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes

sodium chloride 0.9% 1000 ML IV 125 ml/hr CONTINUOUS ROUTINE

fentaNYL inj [SUBLIMAZE] 100 MCG IV Q1H PRN ROUTINE
Indications: Pain
midazolam inj [VERSED] 0.5 MG IV Q4H PRN ROUTINE
Indications: agitation
ondansetron inj [ZOFRAN] 4 MG IV Q6H PRN ROUTINE
Indications: nausea Comments: PO preferred, IV if NPO or unable to tolerate PO
famotidine inj [PEPCID] 20 MG IV BID ROUTINE

diphenhydrAMINE inj [BENADRYL] 25- 50 MG IV HS PRN ROUTINE
Indications: Insomnia
acetaminophen [TYLENOL] 650 MG ORAL Q6H PRN ROUTINE
Indications: temp >/= 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 chloride [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 USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)
KCl 40 mEq rider 40 MEQ IVPB 10 MEQ/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 Central Line
Indications: per Electrolyte Protocol (PROT #383)
potassium- sodium phosphate packet (8 mmol phos) [PHOS- NAK] 2 PACKET ORAL 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)
KPhos inj 40 MMOL IVPB 7 MMOL/HR PRN ROUTINE Peripheral Line 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)
magnesium sulfate 2 gm rider 2 GM IVPB 30 MIN 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)
NaPhos inj 40 mmol IVPB 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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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8928049215
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

TR CT BRAIN W/O CONTRAST 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. (CJE1 02:43)
TR CT CERVICAL SPINE W/O CONTRAST 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. (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. (CJE1 02:43)
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 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedside. 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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (CJE1 02:42)
TR HUMERUS (LEFT) ONCE STAT trauma
Entered By (MK23 RN 03/07/2015 01:10) Ordered By (01:10) Completed By (01:26)
TYPE AND SCREEN ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Order Cancelled (02:21)
REQUEST THAWED PLASMA ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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 W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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)
TR CT LUMBAR 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. Returns from CT. Taken to CT. (CJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related
Entered By (MK23 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 (03/07/2015 01:16) Ordered By (01:16) MD Sign (01:16) Order Cancelled (01:33)
TIBIA + FIBULA (LEFT) ONCE ROUTINE mcc
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 mcc
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

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8929043215
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

Entered 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 mcc
Entered By (03/07/2015 01:26) Ordered By (01:26) MD Sign (01:26) 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 Sign (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR TIBIA + FIBULA (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32)
TR ANKLE LIMITED (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 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 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34)
TR TIBIA + FIBULA (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 (03/07/2015 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 Sign (01:38) Order Cancelled (02:23)
ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT
Entered By (03/07/2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Cancelled (02:24)
CROSSMATCH ELECTRONIC ONCE LIFE THREATENING
Entered By (03/07/2015 01:46) Ordered By (01:46) Completed By (CJE1 RN 02:43) MD Sign (01:46)
TR HAND LIMITED (LEFT) ONCE STAT mcc
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 mcc
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)
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 - RN. 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 antecubital fossa. (CJE1 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 ROUTINE
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 Spirometry - NSG 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 Nasal 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to influenza vaccine order if indicated
Initiate Pneumococcal 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 if indicated

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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 By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE Urine Output < 0.5 ml/kg/hr Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE HR<50 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE SaO2 <90% Resident
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 <90 or >180 Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: 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] (1907)
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Intensivist is: CONTIN 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 [GENERAL SURGERY, THORACIC SURGERY, THORACIC SURGERY] (20376)
Entered By (03/07/2015 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Neurovascular Checks Q1H ROUTINE
Entered By (03/07/2015 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) Ordered 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 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 KPhos/NaPhos/PhosNaK, 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 resp. distress
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 Coordinator and House Officer
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
CBC/AUTOMATED 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

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702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9928043215
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:

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 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 ER 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

BD99	BRENDA DERLEIN UNIT CLERK
CJE1	CARLOS ESPARZA RN
MK23	MARTIN KOVACIK RN
MP24	MARITA PEREZ RN
RW4	ROBERT WILSON RN

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deformity of the left humerus, 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, O2 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC.
HEENT: No step-offs or deformities. EOMI. PERRLA.
MAXILLOFACIAL: No step-offs or deformities.
NECK: C-collar is in place.
CHEST AND LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Normal sinus rhythm. S1, S2. 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 nontender to palpation. No 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.
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 C-spine shows no abnormality. CT of the chest demonstrates a fracture of the left 5th rib, 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 acute fracture. X-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 subluxation 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. X-ray of the left foot demonstrates no fracture. X-ray of the left humerus shows a diaphyseal 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, HGB 15.7, hematocrit 47.9, platelets 214.

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

CONSULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Peikes with Vascular Surgery.

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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 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 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 humerus 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. We 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 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 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 checks.

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 VANWAGONER, MD (RESIDENT)

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352100/646508958
PHYSICIAN: DEBORAH A KUHLS, MD
DICTATED BY: ZACHARY D VANWAGONER, MD (RESIDENT)

TRAUMA CENTER HISTORY AND PHYSICAL

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Surgical Services - Implant Log

ACCT: 8928043218 DOB: 10/28/1970
FIGUEROA
DAVID EMANUEL 44Y M
MR# 0001808211 ADM: 03/07/15

Date of Procedure: 3/8/15

Circulator Signature:

Procedure: Left
ORIF: Acetabular & Femoral Head Fractures
Synthes Implants.

Product Sticker	Lot and Serial Number	Quantity
3.5mm Cortex Screws 204.640 x 2 (40mm)		
204.645 x 1 (45mm)	804.645	x1
3.5mm Cortex Screws 204.820 x 3 (20mm)		
3.5mm Low Profile Recon. Plate 245.024 x1 (53mm)		
3.5mm Low Profile Recon Plates 245.036 x 1 (161mm)		
6.5mm Cannulated Screws 208.436 x 1		
6.5mm Cannulated Screws 208.437 (75mm) x1		
4.5mm Headless Compression 02.226.740 x 2		
4.5mm Headless Compression 02.226.746 x 1		

POOR ORIGINAL

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UMC
UNIVERSITY MEDICAL CENTER

Surgical Services - Implant Log

Pat ACCT: 89290045216 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL
MRN: 0001906211 44Y M
ADM: 03/07/15

Date of Procedure: 3-7-15

Circulator Signature: Dtaylenen

Procedure: External fixator @ tib-fib, external fixator @ femur open reduction internal fixation left fibula

Product Sticker: Synthes locc. small frag Product Name: 35 mm cortex screw, self-tapping Lot and Serial Number: # 204.884, 44mm Quantity: x4	Product Sticker: Stryker orthopedic external fixator Product Name: 5x180 mm Apex Pin Lot and Serial Number: # SD18-10-180 Quantity: X7
Product Sticker: Synthes locc. small frag Product Name: 35 mm cortex screw, self-tap Lot and Serial Number: # 204.855, 65 mm Quantity: X1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locc. small frag Product Name: 35 mm cortex screw, self-tap Lot and Serial Number: # 204.810 100 mm Quantity: X1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locc. small frag Product Name: 40 mm cancellous bone screw, full thread Lot and Serial Number: # 2010.010 100mm Quantity: X1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locc. small frag Product Name: one-third tubular locc LCP plate 2 collar 117 mm Lot and Serial Number: # 241.401 10-hole Quantity: X1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Product Name: Lot and Serial Number: Quantity:	Product Sticker: Product Name: Lot and Serial Number: Quantity:

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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 SURGEON:

ANESTHESIOLOGIST:

PREOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

POSTOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

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 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 gauze over the laceration over the olecranon.

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

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 726631/646609268

DICTATED BY: DEBORAH A KUHLS, MD

OPERATIVE REPORT

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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

ANESTHESIOLOGIST: Agata Vollero, MD

PREOPERATIVE DIAGNOSIS:
1. 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.

POSTOPERATIVE DIAGNOSIS:
1. 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, femur 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 SURGEON: Chris Goodwall, MS3.

ANESTHESIA: General.

TOURNIQUET: No tourniquet was used.

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

INDICATION FOR PROCEDURE: 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 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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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 anesthesia, left lower extremity was prepped and draped in sterile fashion with 1-step Betadine. No tourniquet was used.

The knee was managed 1st. 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 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 tibial pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcaneus, 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 connected to 2 carbon fiber bars, using the Quick Connects, 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 tendon 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/MedQ
DD: 03/07/2015 05:08:52
DT: 03/07/2015 08:06:35

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352153/646611833

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DICTATED BY: MICHAEL MONROE, MD

OPERATIVE REPORT

Electronically Authenticated and Edited by:
Michael Monroe, MD On 03/09/2015 03:53 PM EDT

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

DATE OF SERVICE: 03/07/2015

SURGEON: Quynh Feikes, M.D.

ASSISTANT SURGEON: Wesley Smith, CFT-CFA

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

ANESTHESIOLOGIST: Agata Vollers, MD

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

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

PRIMARY PROCEDURE:
1. 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 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 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.

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 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 extremities were then prepped and draped in a sterile manner. An incision was made medially on the

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FACESHEET

ACCT: 9929043216 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN# 0001906211 ADM: 03/07/15

MRU00499 Page 1 of 1 (08/12)

ACCT # 9929043215 MR# / EIN# 0001906211	PT TYPE TRA	SVC EMG	ADMIT DATE 03/07/15	ADMIT TIME 0051	ROOM/BED -

PATIENT NAME:	DOB	AGE SEX	M/S	RACE	REL	SS #
FIGUEROA,DAVID MANUEL	10/28/1970	44Y M	S	1		XXX-XX-9532

PATIENT INFORMATION
5207 SPARKLING VINE AVE
LAS VEGAS, NV 89131
HM: (347)682-6476
WK:
COUNTY: CLARK
COUNTRY: UNITED STATES
PLACE OF BIRTH:
EMPLOYMENT
LAS VEGAS METROPOLITAN P
400 S MARTIN LUTHER
LAS VEGAS NV 89106 (702)828-3475
OCCUP: POLICE OFFICER

GUARANTOR
FIGUEROA,DAVID MANUEL
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131
DATE OF BIRTH: 10/28/1970
SS #: XXX-XX-9532
REL TO PT: SELF
HM: (347)682-6476
WK: (702)828-3475
EMPLOYMENT
LAS VEG
400 S MARTIN LUTHER KING
LAS VEGAS NV 89106
OCCUP: POLICE

SPOUSE/PARENT/OTHER
SS #: XXX-XX-
REL TO PT:
HM:
WK:
EMPLOYMENT
OCCUP:

RELATIVE/FRIEND
REL TO PT:
HOME #:
WORK PHONE #:

INSURANCE
LAS VEGAS METRO POLICE DE
C/O UMR
SALT LAKE CITY UT 84130-054
FIGUEROA,DAVID MANUEL
INS: FIGUEROA,DAVID MANUEL
REL: PATIENT IS INSURED
POL: 055729532
GRP: LV
DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH: (866)868-4295
NOTIFY PH:
AUTH #:

INSURANCE
MVA PENDING INFORMATION 0
INS: FIGUEROA,DAVID MANUE
REL: PATIENT IS INSURED
POL: 055729532
GRP:
DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH:
NOTIFY PH:
AUTH #:

INSURANCE
INS:
POL:
DATE OF BIRTH:
BENEFIT/ELIG PH:
GRP:

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OCCUR/DATE	OCCUR/DATE	OCCUR/DATE	CONDITION CODE(S)
01 03/07/15			

ACCIDENT INFORMATION
DATE 03/07/15 TIME 0030 CODE A
ACC TYPE: UTO ACCIDENT
LOCATION: LONE MOUNTAIN
DESC:

REASONS FOR VISIT / COMMENTS
MCC

PHYSICIANS
ADMITTING: 2284 KUHLS,DEBORAH A
ATTENDING: 2284 KUHLS,DEBORAH A
PCP:
CONSULT:

ADMISSION / REGISTRATION

ADM TYPE	POINT OF ORIGIN	FIN CLASS	DSCH DATE	DSCH TIME	REG ID
5	1	520118			TS

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

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSULT:

REASON:

CHIEF 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 sigmoid. 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 negative 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.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:
GENERAL: No apparent distress. Generally neural intact. Cannot 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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DL/MedQ
ID: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MRN: 0001906211
ADM DATE: 03/07/2015
JOB#: 353563/646668155

DICTATED BY: DANIEL LEE, MD

CONSULTATION REPORT

Electronically Authenticated by:
Daniel Lee, MD On 03/08/2015 02:24 PM EDT

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Mar. 31. 2015 10:52AM 9929043315 No. 2689 P. 69

~~Draft~~

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FIGUEROA FIGUEROA	10-28-70	☒M ☐F	
Home Address			Age	Height	Weight	Social Security Number
5207 SPARKLING VINE AVE			44	6'2"	240	055-72-9552
City	State	Zip	Telephone		
LAS VEGAS	NV	89131	(347-682-6476		
Physical Address (if different)	City	State	Zip	Primary Language Spoken	
S/A				ENGLISH	

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
UMR		POLICE OFFICER

Employer's Name/Company Name	Telephone
LVMPD	702-828-3111

Office Mail Address (Number and Street) 400 S. MARTIN LUTHER KING BLVD LV, NV. 89106

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015	am pm	03/07/2015		R. JOHNSON

Address or Location of Accident (if applicable)
MARTIN LUTHER KING & CAMINO EL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (if applicable)
Driving

How did this injury/or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable)
TYLER. MCMEANS

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date Place UMC Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place Name of Facility
UMC Trauma Lenwerth Medical Center

Date	Diagnosis and Description of Injury or Occupational Disease
3/7/15	Right chest wall contusion, L-5 transverse process fracture, L-3 spinous process fracture
Hour	
2:45 PM	
Treatment	
Admitted + electronics OR + ICU consult.	
X-Ray Findings	
Multiple fractures as noted	

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (If yes, please explain)

Have you advised the patient to remain off work five days or more?
☒ Yes Indicate dates: from 3/7/15 to To be determined
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty

If modified duty, specify any limitations/restrictions:
To be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:
3/7/15	BRANDON LEWIS	

Address
180 W Charleston Blvd

City	State	Zip	Provider's Tax I.D. Number	Telephone	Doctor's Signature	Degree
LV	NV	89102	[redacted]	702 383 2011		MD

INSURER'S USE ONLY

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ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev.01/05)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT

1. Event #: 150307-0108

PART ONE STATEMENT OF INJURED EMPLOYEE

2. Name: (Last name, First name)	3. P#:	4. Sex:	5. Date of Hire:	6. Date of Birth:	7. SS#: (Required)
Figueroa, David	9693	☑ Male ☐ Female	11/05/2006	10/28/1970	055-72-9532

8. Home Mailing Address (#, Street, Bldg/Apt. #, City, State & Zip): 5207 Sparkling Vine Ave. Las Vegas, NV 89131

9. Phone #(s)	10(a) Bureau of Assignment:	11. Classification:	12. Regular Work Hours:
Home: 702-943-0636	Bolden Area Command	PO-II	1430-0030
Cell: 347-682-6476	10(b) Section or Detail of Assignment: BA-33	13. Marital Status: ☐ Single ☐ Married	14. RDO's: TWT

15. Injury/Illness/Exposure:	16. Reported to Supervisor:	17. Left Shift:
Date: 03/07/2015 Time: 0025	Date: 03/07/2015 Time: 0028	Date: 03/07/2015 Time: 0030

NOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and employment.

18. Address and location of occurrence: (Give sufficient Detail): Camino El Norte & W. La Madre Way

19. Was first aid provided? Yes, NVLFD

20. Action: ☐ Doctor's Care ☐ E.R. Care Only ☑ Hospitalized ☐ No Action Taken

21. Body part(s) affected/injured/exposed: Left arm, elbow, ribs, hip, leg, knee, ankle

22. Nature of injury/exposure sustained: (scratch, cut, bruise, strain, exposure, etc.): Multiple fractures and dislocations

23(a). What were you doing when the accident occurred? (Chasing a suspect, walking down stairs, driving, etc?): Riding a motorcycle

23(b). How did the injury/illness/exposure occur? (Explain in Detail): Another motorist made an unsafe turn striking the motorcycle and rider

24. Did the accident happen in the normal course of work? ☐ Yes ☑ No - Explain: Riding motorcycle to become re-acclimated to motors

25. Did you return to next scheduled shift after accident? ☐ Yes ☑ No - What date?

26. Lost Time: ☐ No ☑ Yes - Last day worked after injury: 03/06/2015 If yes, disability slip from physician available? ☑ Yes ☐ No

27. Have you had previous injury/exposure to body part(s) mentioned? (Explain): No

28. How might this injury/illness/exposure have been prevented? Unknown. Other driver possibly DUI.

29. Specify what equipment, objects or substances were involved (include personal protective equipment used): Boots, pants, leather riding jacket, helmet

30. Was anyone else involved? ☐ No ☑ Yes - List names of others involved: 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 signature on this document acknowledges that they have received a copy of this document including a brief description of their Rights and Benefits under NRS 616 and 617 included with this document.

32. Employee's Signature: unable to sign, hospitalized. Date: 03/07/2015

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 Detail at 828-3696.

PART TWO REPORT OF INVESTIGATION BY SUPERVISOR

33. Why did injury/illness/exposure occur? Figueroa, V-2, recently advised that he would be returning to Motors. He was becoming re-acclimated when struck by another motorist.

34. What unsafe condition or act caused or contributed to injury/illness/exposure? Driver of V-1 possibly DUI. The investigation is on-going.

35. Corrective action taken or recommended to prevent recurrence: No recommendations at this time.

36. Is there any reason to doubt the validity of the claim? ☑ No ☐ Yes - What reason?

37. If traffic accident, was the other party cited? ☑ No ☐ Yes - Attach copy of the traffic accident report

NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):	Supervisor's Signature:	Date:
Johnson, Robert P# 4395	SGT 4395	03/07/2015

PART THREE BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS

Bureau Commander's Signature	Date:	Deputy Chief's Signature	Date:
	4-8-15		4-8-15
Comments: OK Duty Accident		Comments: ACCIDENT OCCURRED OFF DUTY	

Note: Please fax directly to Health Detail at 828-1509 call Health Detail at 828-3696.

For assistance with workers Compensation issues, you may contact the Office of the Governor, Consumer Health Assistance:
Toll Free (888)333-1597 Web Site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

 *Employee should sign, date and retain a copy of this form. Original goes to employer. To file a claim for compensation, please

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
Las Vegas Metropolitan Police Department	Law Enforcement	886000028	UNK

Office Mail Address	Location, if different from mailing address	Telephone
400B S MARTIN LUTHER KING 435	SAME	702-828-3406

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
LAS VEGAS	NV	89106	LVMPD	CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
DAVID		FIGUEROA	055-72-9532	10/28/1970	44	English

Home Address (Number and Street)	Sex	Marital Status
5207 SPARKLING VINE AVE	☑ Male ☐ Female	☐ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (If applicable)	How long has this person been employed by you in Nevada?
LAS VEGAS	NV	89131	☑ Yes ☐ No	11/05/2006

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed:
NV	POLICE OFFICERS AND DRIVERS	PATROL DIVISION

Telephone	Is the injured employee a corporate officer? ... sole proprietor? ... partner?	Was employee in your employ when injured or disabled by occupational disease (O/D)?
702-943-0636	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☑ Yes ☐ No

ACCIDENT OR DISEASE

Date of Injury (If applicable)	Time of Injury (Hours: Minute AM/PM) (If applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
03/07/2015	00:25	03/07/2015	R JOHNSON

Address or location of accident (Also provide city, county, state) (If applicable)
MARTIN LUTHER KING/CAMINO DE NORTE
LAS VEGAS CLARK NV

Accident on employer's premises? (If applicable) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (If applicable)
RIDING A MOTORCYCLE

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.
ANOTHER MOTORIST MADE AN UNSAFE TURN STRIKING THE MOTORCYCLE AND RIDER. MULTIPLE FRACTURES AND DISLOCATIONS. LEFT ARM, ELBOW, RIBS, HIP, LEG, KNEE, ANKLE.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (If applicable)
MOTORCYCLE ACCIDENT

Part of body injured or affected
MULTIPLE BODY PARTS - NOC

If fatal, give date of death

Nature of injury or Occupational Disease (scratch, cut, bruise, strain, etc.)
SPECIFIC INJURY - FRACTURE

Witness
Witness Name: T MCMEANS

Witness
Witness Name: NLVPD DR#16

Witness

Was there more than one person injured in this accident? (If applicable) ☐ Yes ☑ No

Did employee return to next scheduled shift after accident? (If applicable) ☐ Yes ☑ No

Will you have light duty work available if necessary? ☑ Yes ☐ No

If validity of claim is doubted, state reason
UNK

Location of Initial Treatment
UMC

Treating physician/chiropractor name
DEBORA KELLER

Emergency Room ☑ Yes ☐ No

Hospitalized ☑ Yes ☐ No

IMPORTANT LOST TIME INFO

IMPORTANT: How many days per week does employee work? 4

From 1430 To 0030

Last day wages were earned: 03/07/2015

Scheduled days off: S ☐ M ☐ T ☑ W ☑ T ☑ F ☐ S ☐ Rotating ☐

Are you paying injured or disabled employee's wages during disability? ☑ Yes ☐ No

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
11/05/2006	UNK	UNK	UNK

Was the employee hired to work 40 hours per week? ☑ Yes ☐ No If not, for how many hours a week was the employee hired?

Did the employee receive unemployment compensation any time during the last 12 months? ☐ Yes ☐ No ☑ Do not know

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, attach wage verification form (C-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay period ends on: ☐ SUN ☑ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☑ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ UNK per ☑ Hr ☐ Day ☐ Wk ☐ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm this wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Officer Clark 17-0471LLS

Date: 3/10/15

Insurer Use Only

Claim is: ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party

Claims Examiner's Signature

Date

Deemed Wage

Account No. 1501234729659

Status Clerk

Class Code

Date: MAR 16 2015

Date: 3/10/15

Form C-3 (rev. 11/05) ORIGINAL – EMPLOYER PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYEE

0027 000067

CCMSI

April 9, 2015

David Figueroa
5207 Sparkling Vine Ave
Las Vegas, NV 89131

RECEIVED
APR 27 2015
CCMSI - Las Vegas

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,

Christina Cabrera

Christina Cabrera
Claims Representative

cc: File/LVMPD/UMC/DIR/GGRM
Enc: D12 / Rights and Benefit

RECEIVED

APR 27 2015

CCMSI - Las Vegas

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E72969 Appeal Nos.: 1511793-MM

RECEIVED
2015 NOV -2 PM 3:12
STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION

CLAIMANT'S APPEAL MEMORANDUM

COMES NOW, Claimant, DAVID FIGUEROA ("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC, and hereby submits her Appeal Memorandum for the hearing scheduled in this matter.

I. ISSUE TO BE HEARD

Claim Denial.

II. DOCUMENTARY EVIDENCE

1. The Insurer/Employer/TPA evidence packets, subject to objection.
2. Claimant's List of Exhibits.

III. WITNESSES

1. DAVID FIGUEROA c/o Jason D. Mills, Esq., of Neeman & Mills, PLLC, 1201 S. Maryland Pkwy., Las Vegas, NV 89104
2. Any and all witnesses listed by the employer and the employer's representatives.

   Witnesses are anticipated to testify regarding Claimant's industrial injury.
3. Claimant reserves the right to call all witnesses listed by the employer.

Claimant reserves the right to amend this list as additional information becomes available.

Doc016

IV. TELEPHONE TESTIMONY

No

V. INTERPRETER SERVICES

No

VI. ANTICIPATED LENGTH OF HEARING

One hour.

Dated this 2 day of November, 2016.

JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 89104
Attorney for Claimant

CERTIFICATE OF MAILING

I hereby certify that on the 2 day of November, 2016, a true and correct copy of the **Claimant's Appeal Memorandum,** was deposited in the United States mail, proper postage prepaid to the following:

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Neeman & Mills, PLLC

FILED
JUN 17 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No:	15D34E72969
DAVID FIGUEROA, Claimant.	Appeal No:	1511793-MM

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of the Appeals Officer for a **HEARING** on:

DATE: **November 16, 2016**

TIME: **11:00AM-12:00PM**

PLACE: **DEPARTMENT OF ADMINISTRATION**
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

###

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

###

IT IS SO ORDERED this 17th day of June, 2016.

Michelle L Morgando

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

DOC017

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF RESETTING** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
6831 HILLSTOP CREST CT
LAS VEGAS NV 89131

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

LVMPD - HEALTH DETAIL
ABIGAIL BUCKLER
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 17th day of June, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
JUN - 3 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
FIGUEROA, DAVID,	Appeal No: 1511793-MM
Claimant.	

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK** on:

DATE: **June 15, 2016**

TIME: **8:30AM**

PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST APPEAR AT THE ABOVE REFERENCED DATE AND TIME.

Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

* * *

IT IS SO ORDERED this 3rd day of June, 2016.

Michelle L Morgando

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC018

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR IN COURT STATUS CHECK** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 3rd day of June, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
APR 12 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA,	Appeal No: 1511793-MM
Claimant.	

NOTICE OF STATUS REPORT

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter has been scheduled for a **STATUS REPORT** on:

DATE: MAY 26, 2016

All Counsel are to submit a written report regarding the current status of the stipulated facts. Please notify the Appeals Officer in writing or Zoe McGough via email at zmcgough@admin.nv.gov.

IT IS SO ORDERED this 12th day of April, 2016.

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC019

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF STATUS REPORT** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 12th day of April, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
FEB 2 2 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA,	Appeal No: 1511793-MM
Claimant.	

NOTICE OF STATUS REPORT

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter has been scheduled for a **STATUS REPORT** on:

DATE: APRIL 7, 2016

All Counsel are to submit a written report regarding the current status of the stipulated facts. Please notify the Appeals Officer in writing or Zoe McGough via email at zmcgough@admin.nv.gov.

IT IS SO ORDERED this 22nd day of February, 2016.

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC 020

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF STATUS REPORT** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 22nd day of February, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
FEB 17 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
FIGUEROA, DAVID,	Appeal No: 1511793-MM
Claimant.	

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK** on:

DATE: **February 22, 2016**

TIME: **8:45AM**

PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST APPEAR AT THE ABOVE REFERENCED DATE AND TIME.

Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

* * *

IT IS SO ORDERED this 17th day of February, 2016.

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC021

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR IN COURT STATUS CHECK** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 17th day of February, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
JAN 15 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
FIGUEROA, DAVID,	Appeal No: 1511793-MM
Claimant.	

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK** on:

DATE: **February 16, 2016**

TIME: **8:45AM**

PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST APPEAR AT THE ABOVE REFERENCED DATE AND TIME.

Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

* * *

IT IS SO ORDERED this 15th day of January, 2016.

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC022

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR IN COURT STATUS CHECK** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 15th day of January, 2016.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
16 JAN 15 PM 4:19
RECEIVED
AND
FILED

NEVADA ADMINISTRATION

BEFORE THE HEARINGS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	)	Claim No.: 15D34E729659 Appeal No.: 1511793-MM

CERTIFICATE OF MAILING

I hereby certify that on the 14 day of January, 2016 a true and correct copy of the **Substitution of Attorney** was deposited in the United States mail, proper postage prepaid, OR placed in the in the appropriate address runner file at the Department of Administration Hearings Division, 2200 S. Rancho, Ste. 220, Las Vegas, Nevada to the following:

David Figueroa
6831 Hillstop Crest Ct
Las Vegas, NV 89131

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

Lisa Anderson, Esq.
GGRM
601 S. Ninth St.
Las Vegas, NV 89101

An Employee of Neeman & Mills, PLLC

DOC 023

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
2016 JAN 14 AM 8:53
RECEIVED
AND
FILED

NEVADA ADMINISTRATION

BEFORE THE HEARINGS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA, Claimant.	Claim No.: 15D34E7296599 Appeal No.: 1511793-MM

SUBSTITUTION OF ATTORNEY

DAVID FIGUEROA, Claimant, hereby substitutes JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC as attorney in the above matter, in the place and stead of GREENMAN, GOLBERG, RABY & MARTINEZ.

DATED this 11 day of January, 2016.

DAVID FIGUEROA

The undersigned hereby agrees to the substitution of JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC as attorneys for DAVID FIGUEROA in the above-entitled matter in its place and stead.

DATED this 14th day of Jan., 2016.

LISA ANDERSON, ESQ.
THADDEUS J. YUREK, ESQ.
GABRIEL A. MARTINEZ, ESQ.
GREENMAN, GOLDBERG, RABY & MARTINEZ
601 S. Ninth Street
Las Vegas, NV 89101

The undersigned hereby agrees to be substituted as attorneys for DAVID FIGUROA in the above-entitled action in the place and stead of GREENMAN, GOLDBERG, RABY & MARTINEZ.

DATED this 14 day of Jan, 2016.

JASON D. MILLS, ESQ.
NEEMAN & MILLS, PLLC
1201 S. Maryland Parkway
Las Vegas, Nevada 89104

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DATED this 14 day of Jan., 2016.

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THADDEUS J. YUREK, ESQ.
GABRIEL A. MARTINEZ, ESQ.
GREENMAN, GOLDBERG, RABY & MARTINEZ
601 S. Ninth Street
Las Vegas, NV 89101

DSC 024

The undersigned hereby agrees to be substituted as attorneys for DAVID FIGUROA in the above-entitled action in the place and stead of GREENMAN, GOLDBERG, RABY & MARTINEZ.

DATED this 14th day of Jan, 2016.

JASON D. MILLS, ESQ.
NEEMAN & MILLS, PLLC
1201 S. Maryland Parkway
Las Vegas, Nevada 89104

FILED
DEC - 7 2015
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

FIGUEROA, DAVID,

Claimant.

Claim No: 15D34E72969

Appeal No: 1511793-MM

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK RE STIPULATED FACTS AND BRIEFS** on:

DATE: JANUARY 14, 2016

TIME: 8:45AM

PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST APPEAR AT THE ABOVE REFERENCED DATE AND TIME.

Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

* * *

IT IS SO ORDERED this 7th day of December, 2015.

Michelle L Morgando

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

Doc 025

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR IN COURT STATUS CHECK** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY ET AL
601 S NINTH ST
LAS VEGAS NV 89101

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 7th day of December, 2015.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

FILED
SEP - 2 2015
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
FIGUEROA, DAVID,	Appeal No: 1511793-MM
Claimant.	

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK** on:

DATE: **September 23, 2015**

TIME: **8:30AM**

PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST APPEAR AT THE ABOVE REFERENCED DATE AND TIME.

Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

* * *

IT IS SO ORDERED this 2nd day of September, 2015.

Michelle L Morgando

MICHELLE L MORGANDO, Esq.
APPEALS OFFICER

DOC026

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR IN COURT STATUS CHECK** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

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GREENMAN GOLDBERG RABY ET AL
601 S NINTH ST
LAS VEGAS NV 89101

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

Dated this 2nd day of September, 2015.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131 Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400B S MARTIN LUTHER KING #435 LAS VEGAS, NV 89106 **DOH: 9/2/15 at 8:00 a.m.**

EMPLOYER'S INDEX OF DOCUMENTS

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, by and through its counsel, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and submits the attached Index of Documents relating to the above-referenced matter.

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the personal information of any person.

DATED this 28 day of August, 2015.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, NV 89102
Phone: (702) 893-3383
Fax: (702) 366-9689
Attorneys for Employer

STATE OF NEVADA
DEPT OF ADMINISTRATION
2015 AUG 28 PM 4:31
RECEIVED AND FILED

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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Form C-3 for doi: 09/21/11, signed by the Employer, and dated 09/30/11	5
Occupational Injury/Illness/Exposure Report, dated 09/21/11	6
Dr. Charles Quaglieri's Addendum to the PPD report, dated 03/05/13	7-8
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///

CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S INDEX OF DOCUMENTS** was made this date by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope to the following:

LISA ANDERSON, ESQ. ***(hand delivered)***
GREENMAN GOLDBERG RABY & MARTINEZ
601 S. NINTH ST.
LAS VEGAS, NV 89101

LVMPD – HEALTH DETAIL
ATTN: ABIGAIL BUCKLER
400 S. MARTIN L. KING BLVD., STE. B
LAS VEGAS, NV 89106

CCMSI
ATTN: BRIGID WYSZOMIRSKI
P.O. BOX 35350
LAS VEGAS, NV 89133

DATED this 20 day of August, 2015.

An employee of LEWIS BRISBOIS
BISGAARD & SMITH LLP

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FIGUEROA	10-28-70	☒M ☐F	

Home Address	Age	Height	Weight	Social Security Number
5209 SPARKLING VINE AVE	40	6'2	240	[redacted]

City	State	Zip	Telephone
LAS VEGAS	NV	89131	347-682-6476

Mailing Address	City	State	Zip	Primary Language Spoken
5209 SPARKLING VINE AVE	LAS VEGAS	NV	89131	ENGLISH

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
UMR		POLICE OFFICER

Employer's Name/Company Name	Telephone
LAS VEGAS METROPOLITAN POLICE DEPARTMENT	828-3111

Office Mail Address (Number and Street)

Date of Injury (if applicable)	Hours Injury (if applicable) am pm	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
3-15-11		3-15-11	3-15-11	SGT. J. RICHTER

Address or Location of Accident (if applicable)
LAS VEGAS BLVD @ I-95

What were you doing at the time of the accident? (if applicable)
SITTING IN DRIVER SEAT, STOPPED AT RED TRAFFIC SIGNAL.

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
STOPPED FOR RED TRAFFIC SIGNAL LOCATED AT NLB LV BLVD AND I-95. MY VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE, WHICH WAS ALSO REAR ENDED.

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable) NHP OFFICERS, DRIVERS OF OTHER VEHICLES INVOLVED.

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
HEAD, NECK & BACK INJURIES	HEAD, NECK & BACK

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date | Place | Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place	Name of Facility
Las Vegas, NV	The Neck and Back Clinics – Northwest Neck + Back Clinic

Date: 3/10/11, 3/15/11 (no)
Hour:

Diagnosis and Description of Injury or Occupational Disease
cervical sprain 847.0
lumbar sprain 846.0
Neuritis/Radiculitis 724.4

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (If yes, please explain)

Treatment: physical therapy modalities

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☒ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty

X-Ray Findings: Cervical hypolordosis

If modified duty, specify any limitations/restrictions: He may experience neck/back pain d/t work-duties and should take time off as needed.

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☒ Yes ☐ No (Explain if yes)
He was already being treated for a seperate collision that occured on 11/4/10. This incident made him worse

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:
3/21/11	MATT OLMSTEAD DC	

Address: 3430 N Buffalo Dr. ste 110

City	State	Zip	Provider's Tax I.D. Number	Telephone
Las Vegas	NV	89129		702-255-5130

Doctor's Signature: Matt Olmstead DC
Degree: DC

INSURER'S USE ONLY

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev 10/07)

C C M S I

September 28, 2012

David Figueroa
5207 Sparkling Vine Ave
Las Vegas, NV 89131

RE: Claimant: David Figueroa
Claim Number: LID340 057203
Date of Injury: 3-15-11
Employer: LVMPD

Dear Mr. Figueroa:

As a result of your recent impairment evaluation, you have been granted a permanent partial disability award of eleven percent (11%) on a whole body basis. A copy of the report is enclosed. Your claim closed for all benefits as of the date of your rating evaluation.

This award entitles you to monthly payments of $341.82 until age seventy (70), or a lump sum in the amount of $59,632.43, in accordance with Nevada Revised Statute 616C.490(6)(C).

Pursuant to NRS 616C.495(2), acceptance of payment for a permanent partial disability in a lump sum terminates all benefits for compensation and constitutes a final settlement of all factual and legal issues 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 read the documents carefully. Indicate your choice of payment on the Election of Method form, sign and return the election form and the reaffirmation form to this office as soon as possible. Upon receipt of the **original** signed documents, a check will be issued and mailed to you.

If 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 attached Request for Hearing form and return it to

September 28, 2012

the Hearings Division at the address indicated on the form within 20 days from the date of this letter.
Thank you for your cooperation.
Sincerely,

Christina Cabrera
CCMSI- Claims Representative

Encl: Reaffirmation of Lump Sum (D-11)
Election of Method of Payment (D-11a)
Request For Hearing (D-12a)
PPD Award Calculation (D-9)
Reopening Rights (D-13)

cc: Employer
GGRM
Claim File

Centennial-FIGUEROA, DAVID-Enc #8001619534-OFF-EMR-9/21/2011 Workers Comp Authorization - Scanned - 9/21/2011 - 1 pg

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name	MI	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FIGUEROA	7/25/70	M F	

Home Address	Age	Height	Weight	Social Security No.
5209 SPARKLING VINE AVE	40	6'3	340	[redacted]

City	State	Zip	Telephone	Primary Language Spoken
LAS VEGAS	NV	89131	347-683-6476	ENGLISH

Mailing Address: SAME

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred	Telephone
UMR		POLICE OFFR	

Employer's Name/Company Name: LVMPD

Office/Mail Address (Number and Street): 101 CONVENTION CTR DR LV NV 89109

Date of Injury/Accident	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
9/21/11	am 1:30 pm	9/21/11	9/21/11	BRIAN MEYER

Address or Location of Accident (if applicable): MIRAGE/LV BLVD

What were you doing at the time of the accident? (if applicable): RIDING MOTORCYCLE - WORK RELATED SPECIAL EVENT

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)

ANOTHER MOTORCYCLE SIDESWIPED THE RIGHTSIDE OF MY MOTORCYCLE

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable): KURT MCKENZIE

Nature of Injury or Occupational Disease: DIRECT IMPACT TO BOTH KNEE'S, BOTH ELBOW'S WITH GROUND (R) PALM

Part(s) of Body Injured or Affected: BOTH ELBOW'S BOTH KNEE'S R HAND

I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS), HOSPITAL, AND MEDICAL SERVICE ORGANIZATION OR ANY SURGEON, PRACTITIONER, OR OTHER PERSON, AGENCY, HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, AND MEDICAL SERVICE ORGANIZATION, INCLUDING BENEFITS PAID OR PAYABLE INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE PERTINENT TO THE INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I HAVE GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

Date: 9/21/11 Place: [redacted] Employee's Signature: [redacted]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Name of Facility: Centennial Hospital

Place / Date / Hour: 9/21/11 2050.

Diagnosis and Description of Injury or Occupational Disease: CONTUSIONS

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☐ No ☐ Yes (If yes, please explain)

Treatment: N/A.

X-Ray Findings: N/A.

Have you advised the patient to remain off work five days or more? ☐ Yes (Indicate dates from ___ to ___) ☐ No (If no, is the injured employee capable of ☐ full duty ☐ modified duty)

If modified duty, specify any limitations: ___

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☐ No

Is additional medical care by a physician indicated? ☐ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No (Explain if yes)

Date: 9/21/11 Print Doctor's Name: [redacted] I certify that the employer's copy of this form was mailed to the employer on: [redacted]

Address: 6900 N. Durango

City: Las Vegas State: NV Zip: [redacted] Provider's Tax I.D. Number: [redacted] Telephone: 639-1511

Doctor's Signature: [redacted] Degree: MD

INSURER'S USE ONLY

8001619534
FIGUEROA, DAVID
DOB: 10/28/1970 40 Y SX: M EMR
MRN: 7104088 ADM/REG DT: 09/21/2011
Centennial Hills Hospital

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOY

PAGE 1

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
LAW ENFORCEMENT OPERATIONS	Corporation	886000028	

Office Mail Address	Location (if different from mailing address)	Telephone
400 B S MARTIN LUTHER KING 435		702-828-3406

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
LAS VEGAS	NV	89106	LVMPD	CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
DAVID		FIGUEROA	[redacted]	10/28/1970	40	English

Home Address (Number and Street): 5207 SPARKLING VINE AVE

Sex: ☑ Male ☐ Female | Marital Status: ☑ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (if applicable)	How long has this person been employed by you in Nevada?
LAS VEGAS	NV	89131	☑ Yes ☐ No	11/05/2006

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed
NV	POLICE OFFICERS AND DRIVERS	NORTH PATROL DIVISION

Telephone	Is the injured employee a corporate officer? ... sole proprietor? ... partner?	Was employee in your employ when injured or disabled by occupational disease (O/D)?
702-943-0636	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☑ Yes ☐ No

ACCIDENT OR DISEASE

Date of Injury (if applicable)	Time of Injury (Hours, Minute AM/PM) (if applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
09/21/2011	15:13	09/21/2011	B MEYER P#4324

Address or location of accident (Also provide city, county, state) (if applicable): 3400 LV BLVD. LAS VEGAS CLARK NV

Accident on employer's premises? (if applicable) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
SCRATCH & BRUISE TO KNEES, ELBOWS & RT PALM

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary
WHILE RIDING POLICE MOTORCYCLE SB AN ACCIDENT OCCURRED WITH ANOTHER MOTORCYCLE OFFICER

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable): MOTORCYCLE

Part of body injured or affected: MULTIPLE BODY PARTS - MULTIPLE BO

If fatal, give date of death:

Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.): SPECIFIC INJURY - ALL OTHER INJURIES NOC

Witness: UNK

Witness:

Witness:

Was there more than one person injured in this accident? (if applicable) ☑ Yes ☐ No

Did employee return to next scheduled shift after accident? (if applicable) ☑ Yes ☐ No

Will you have light duty work available if necessary? ☑ Yes ☐ No

If validity of claim is doubted, state reason: UNK

Location of Initial Treatment: CENTENIAL HOSP

Treating physician/chiropractor name:

Emergency Room ☐ Yes ☑ No | Hospitalized ☐ Yes ☑ No

IMPORTANT: How many days per week does employee work? 4 | From 1400 To 0000 | Last day wages were earned: 9/21/11

Scheduled days off: S ☐ M ☐ T ☐ W ☑ T ☑ F ☑ S ☐ Rotating ☐

Are you paying injured or disabled employee's wages during disability? ☑ Yes ☐ No

IMPORTANT LOST TIME INFO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
11/05/2006			

Was the employee hired to work 40 hours per week? ☑ Yes ☐ No | If not, for how many hours a week was the employee hired?

Did the employee receive unemployment compensation any time during the last 12 months? ☐ Yes ☐ No ☑ Do not know

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, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay period ends on: ☐ SUN ☐ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☑ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ UNK per ☑ Hr ☐ Day ☐ Wk ☐ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Steve Yant | Date: 9/30/11

Insurer Use Only

Claim is ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party	Deemed Wage	Account No	Class Code
		11D34B950842	
Claims Examiner's Signature	Date	Status Clerk: Dawn Angler	Date: 9-30-2011

Form C-3 (rev. 11/05) ORIGINAL – EMPLOYER PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYEE

00312 5

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT

1. Event #: 110921-2836

PART ONE STATEMENT OF INJURED EMPLOYEE

2. Name: (Last name, First name)	3. P#:	4. Sex:	5. Date of Hire:	6. Date of Birth:	7. SS#: (Required)
Figueroa, David	9693	☑ Male ☐ Female	11/05/2006	10/28/1970	[redacted]

8. Home Mailing Address (#, Street, Bldg/Apt. #, City, State & Zip): 5207 Sparkling Vine Ave LVN 89131

9. Phone #(s)	10(a) Bureau of Assignment:	11. Classification:	12. Regular Work Hours:
Home:	Traffic	POII	1400-0000
Cell: 347-682-6476	10(b) Section or Detail of Assignment:	13. Marital Status: ☑ Single ☐ Married	14. RDO's:
	TR32		WTF

15. Injury/Illness/Exposure:	16. Reported to Supervisor:	17. Left Shift:
Date: 09/21/2011 Time: 1513	Date: 09/21/2011 Time: 1513	Date: 09/21/2011 Time: 1730

NOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and employment.

18. Address and location of occurrence: (Give sufficient Detail): 3400 LVBS

19. Was first aid provided? no

20. Action: ☐ Doctor's Care ☑ E.R. Care Only ☐ Hospitalized ☐ No Action Taken

21. Body part(s) affected/injured/exposed: rt knee, lt knee ,both elbows, rt palm

22. Nature of injury/exposure sustained: (scratch, cut, bruise, strain, exposure, etc.): scratch and bruise and soreness to all parts

23(a). What were you doing when the accident occurred? (Chasing a suspect, walking down stairs, driving, etc?): involved in an escort of vehicles southbound on LVBS

23(b). How did the injury/illness/exposure occur? (Explain in Detail): While riding police motorcycle southbound, an accident occurred with another motorcycle officer

24. Did the accident happen in the normal course of work? ☐ Yes ☑ No - Explain: Special event, police escort

25. Did you return to next scheduled shift after accident? ☑ Yes ☐ No - What date?

26. Lost Time: ☑ No ☐ Yes - Last day worked after injury: If yes, disability slip from physician available? ☐ Yes ☐ No

27. Have you had previous injury/exposure to body part(s) mentioned? (Explain): yes-knees only

28. How might this injury/illness/exposure have been prevented?: by checking for oncoming motor units a second time before continuing south

29. Specify what equipment, objects or substances were involved (Include personal protective equipment used): helmet, gloves, boots, eye protection

30. Was anyone else involved? ☐ No ☑ Yes - List names of others involved: Durrett, Troyston

31. Witnesses to injury/illness/exposure: (Last name, First name, and P#) 1. unk 2. 3.

Employee's signature on this document acknowledges that they have received a copy of this document including a brief description of their Rights and Benefits under NRS 616 and 617 included with this document.

32. Employee's Signature: Date:

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 detail at 828-3696.

PART TWO REPORT OF INVESTIGATION BY SUPERVISOR

33. Why did injury/illness/exposure occur?: Ofc. Figueroa was involved in a motor vehicle incident.

34. What unsafe condition or act caused or contributed to injury/illness/exposure?: Ofc. Figueroa and other officers were involved in a leap frog style escort

35. Corrective action taken or recommended to prevent recurrence: Officers to be more safety conscious, also have more officers assigned to this type of event so leap frogging won't be needed

36. Is there any reason to doubt the validity of the claim? ☑ No ☐ Yes - What reason?

37. If traffic accident, was the other party cited? ☑ No ☐ Yes - Attach copy of the traffic accident report

NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):	Supervisor's Signature:	Date:
Meyer, Bryan 4324	BM	9-21-11

PART THREE BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS

Bureau Commander's Signature	Date:	Deputy Chief's Signature	Date:
Comments:		Comments:	

Note: Please fax directly to Health Detail at 828-1509 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 (888)333-1597 Web Site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

LVMPD 25 (Rev. 9/10) INFOPATH 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 titled "Claim for Compensation (Form C-4).

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

RECEIVED
APR 08
CCMSI

Dear CCMSI,

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 patellofomoral 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.

This fax was sent with GFI FAXmaker fax server. For more information visit: http://www.gfi.com

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

CEQ/kc/128
Enc: X-rays of 02/06/13

RECEIVED
APR 04
CCMSI

This fax was sent with GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

CCMSI

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 Police 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
Cc LVMPD D. Figueroa

Reset Form

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

Print Form

Received copy of D2

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name: DAVID | M.I. | Last Name: FIGUEROA | Birthdate: 10/28/70 | Sex: [X] M [ ] F | Claim Number (insurer's use only)

Home Address: 5207 SPARKLING VINE AVE | Age: 42 | Height: 6'2" | Weight: 235 | Social Security Number: [redacted]

City: LAS VEGAS | State: NV | Zip Code: 89131 | Telephone: 347-682-6476

Mailing Address: SAME | City | State | Zip Code | Primary Language Spoken

INSURER | THIRD-PARTY ADMINISTRATOR | Employee's Occupation (Job Title) when injury or occupational disease occurred

Employer's Name/Company Name: LVMPD | Telephone: 828-3111

Office Mail Address (Number and Street)

Date of Injury (if applicable): 3/15/11 | Hour of Injury: NOON | [ ] AM [X] PM | Date Employer Notified: 12/17/12 | Last Day of Work after Injury or Occupational Disease: 12/17/12 | Supervisor to whom injury reported: J. RICHTER

Address or location of accident (if applicable): LV BLVD / US

What were you doing at the time of the accident (if applicable)?: STOPPED FOR RED TRAFFIC SIGNAL, REAR ENDED

How did the injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.)

REAR ENDED, STOPPED AT RED TRAFFIC SIGNAL.

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the accident (if applicable): NHP

Nature of injury or occupational disease: RUPTURED DISC L4/L5 L5/S1 | Part(s) of body injured or affected: LOWER BACK

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASE ACT. I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER OR OTHER PERSON, ANY HOSPITAL INCLUDING VETERANS ADMINISTRATION OR GOVERNMENT HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO THE INSURER OR ITS REPRESENTATIVES ANY AND ALL INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE EXCEPT INFORMATION RELATIVE TO DISEASES IN THE AREAS OF PSYCHOLOGICAL CONDITIONS, ALCOHOLISM, DRUG ADDICTION, OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date: 12/17/12 | Place: UMC University Medical Center | Employee's Signature: [signature]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: UMC Trauma | Name of Facility: University Medical Center

Date | Hour

Diagnosis and description of injury or occupational disease: LOW BACK PAIN

Is there evidence that the injured employee was under the influence of alcohol and/or on other controlled substance at the time of the accident? [X] No [ ] Yes

If yes, please explain

Treatment: PAIN MEDS, REST

Have you advised the employee to remain off work five days or more?

[ ] Yes If yes, indicate dates: to

X-ray findings: (-)

[X] No If no, is the injured employee capable of [ ] Full Duty [X] Light Duty

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? [X] Yes [ ] No

If modified duty, list any limits or restrictions: NO HEAVY LIFTING 7 DAYS

Is additional medical care by a physician indicated? [ ] Yes [X] No

Do you know of any previous injury or disease contributing to this condition or occupational disease? If yes, explain: PATIENT HAS A HISTORY OF CHRONIC BACK PAIN & HERNIATED DISC AT L4/5

Date | Print Doctor's Name: GUILLERMO

I certify that a copy of this form was mailed to the employer on:

1800 W. Charleston Blvd. | Tax Id 88-6000436

Address: Las Vegas Nevada 89102 | 702-383-2000

City | State | Zip | Telephone

Doctor's Signature | Degree

ACCT: 00031390842 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL M 42 Y
MR# 001-906-211 ADM: 12/17/2012

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR | COPY 1 - INSURER/TPA | COPY 2 - EMPLOYER | COPY 3 - EMPLOYEE | FORM C-4 (REV10/07)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT

1. Event #: 121217-3367

PART ONE STATEMENT OF INJURED EMPLOYEE

2. Name: (Last name, First name)	3. P#:	4. Sex:	5. Date of Hire:	6. Date of Birth:	7. SS#: (Required)
Figueroa, David	9093	☑ Male ☐ Female	11/05/2006	10/28/1970	[redacted]

8. Home Mailing Address (#, Street, Bldg/Apt. #, City, State & Zip): 5207 Sparkling Vine LV,NV 89131

9. Phone #(s)	10(a) Bureau of Assignment:	11. Classification:	12. Regular Work Hours:
Home: 347-682-6476	Traffic	PO II Motor	1400-0 00
Cell: s/o	10(b) Section or Detail of Assignment: TR32	13. Marital Status: ☑ Single ☐ Married	14. RDO's: Wed,Thur,Fri

15. Injury/Illness/Exposure:	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

NOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and employment.

18. Address and location of occurrence: (Give sufficient Detail): Bruce/Fremont LV,NV

19. Was first aid provided? no

20. Action: ☐ Doctor's Care ☑ E.R. Care Only ☐ Hospitalized ☐ No Action Taken

21. Body part(s) affected/injured/exposed: lower back

22. Nature of injury/exposure sustained: (scratch, cut, bruise, strain, exposure, etc.): Lower back pain from prior injury on 03/15/2011 that was diagnosed as ruptured disk on L4-L5 /L5-SM1.

23(a). What were you doing when the accident occurred? (Chasing a suspect, walking down stairs, driving, etc?): Picking up my dropped flashlight on roadway.

23(b). How did the injury/illness/exposure occur? (Explain in Detail): While bending over to retrieve flashlight I felt a pop in my lower back and then intense pain.

24. Did the accident happen in the normal course of work? ☑ Yes ☐ No - Explain

25. Did you return to next scheduled shift after accident? ☐ Yes ☑ No - What date? 12/22/2012

26. Lost Time: ☐ No ☑ Yes - Last day worked after injury: 12/17/2012 If yes, disability slip from physician available? ☑ Yes ☐ No

27. Have you had previous injury/exposure to body part(s) mentioned? (Explain): Prior diagnosed injury to lower back from traffic accident on 03/15/2011.

28. How might this injury/illness/exposure have been prevented? Back not giving out while bending over.

29. Specify what equipment, objects or substances were involved (Include personal protective equipment used): Department issued uniform, gun belt, and motor boots.

30. Was anyone else involved? ☑ No ☐ Yes - List names of others involved:

31. Witnesses to Injury/illness/exposure: (Last name, First name, and P#) 1. 2. 3.

Employee's signature on this document acknowledges that they have received a copy of this document including a brief description of their Rights and Benefits under NRS 616 and 617 included with this document.

32. Employee's Signature: Date:

Note: If this is due to abnormal physical result, this form does not need to be signed by your chain of supervisor. Please fax directly to Health Detail at 828-1509 and Call Health detail at 828-3696.

PART TWO REPORT OF INVESTIGATION BY SUPERVISOR

33. Why did injury/illness/exposure occur? Officer's back giving out while bending over.

34. What unsafe condition or act caused or contributed to injury/illness/exposure? None

35. Corrective action taken or recommended to prevent recurrence: None

36. Is there any reason to doubt the validity of the claim? ☑ No ☐ Yes - What reason?

37. If traffic accident, was the other party cited? ☐ No ☐ Yes - Attach copy of the traffic accident report

NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):	Supervisor's Signature:	Date:
J.Richter 5629	[signature]	12/17/2012

PART THREE BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS

Bureau Commander's Signature	Date:	Deputy Chief's Signature	Date:
Comments:		Comments:	

Note: Please fax directly to Health Detail at 828-1509 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 (888)333-1597 Web Site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

LVMPD 26 (Rev. 10/11) INFOPATH 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 titled "Claim for Compensation (Form C-4).

150307-0108

Accepted

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM — PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FLOURNOY	10-28-70	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
5207 SPARKLING VINE AVE	44	6'2"	240	

City	State	Zip	Telephone
LAS VEGAS	NV	89131	347-682-6476

Physical Address	City	State	Zip	Primary Language Spoken
S/A				ENGLISH

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
UMR		POLICE OFFICER

Employer's Name/Company Name	Telephone
LVMPD	

Office Mail Address (Number and Street)	City	State	Zip	Telephone
400 S. MARTIN LUTHER KING BLVD	LV	NV	89106	702-828-3111

Date of Injury (if applicable)	Hours Injury (if applicable) am / pm	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015		03/07/2015		R. JOHNSON

Address or Location of Accident (if applicable)
MARTIN LUTHER KING & CAMINO AL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (If applicable)
DRIVING

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable)
TYLER MCMEANS

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THE INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

Date _____ Place UMC Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place UMC Trauma Name of Facility Centennial Medical Center

Date 3/7/15 Diagnosis and Description of Injury or Occupational Disease: Left Femur Fracture, Left Tibia Fx, Left Ankle Dislocation, Left Foot Fx

Hour 2:45 AM Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☒ No ☐ Yes (If yes, please explain)

Treatment Admitted + observation OR Pt. consent

Have you advised this patient to remain off work? ☒ Yes Indicate dates: from 3/7/15 to TBD determined ☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty

X-Ray Findings: Multiple fractures as noted

If disabled now, specify any limitations/restrictions: To be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease to job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date 3/7/15 Print Doctor's Name Barbara Lewis

I certify that the employer's copy of this form was mailed to the employer on

Address 180 W Charleston Blvd

City LV State NV Zip 89102 Provider's Tax I.D. Number 880[illegible] Telephone 702 383 2400

Doctor's Signature [signature] Degree MD

INSURER'S USE ONLY RECEIVED MAR 10 2015 CCMSI - LVMPD

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE Form C-4 (Rev. 07/09)

03/09/2015 18:25 7028283152 LVMPD BAC PAGE 01/01

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 5 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
Las Vegas Metropolitan Police Department	Law Enforcement	886000028	UNK

Office Mail Address	Location - if different from mailing address	Telephone
400B S MARTIN LUTHER KING 435	SAME	702-828-3406

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
LAS VEGAS	NV	89106	LVMPD	CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
DAVID		FIGUEROA	[redacted]	10/28/1970	44	English

Home Address (Number and Street)	Sex	Marital Status
5207 SPARKLING VINE AVE	☑ Male ☐ Female	☐ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (if applicable)	How long has this person been employed by you in Nevada?
LAS VEGAS	NV	89131	☑ Yes ☐ No	11/05/2006

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed:
NV	POLICE OFFICERS AND DRIVERS	PATROL DIVISION

Telephone	Is the injured employee a corporate officer? ... sole proprietor? ... partner?	Was employee in your employ when injured or disabled by occupational disease (O/D)?
702-943-0636	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☑ Yes ☐ No

ACCIDENT OR DISEASE

Date of Injury (if applicable)	Time of Injury (Hours, Minute AM/PM) (if applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
03/07/2015	00:25	03/07/2015	R JOHNSON

Address or location of accident (Also provide city, county, state) (if applicable)
MARTIN LUTHER KING/CAMINO DE NORTE
LAS VEGAS CLARK NV

Accident on employer's premises? (if applicable) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
RIDING A MOTORCYCLE

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary
ANOTHER MOTORIST MADE AN UNSAFE TURN STRIKING THE MOTORCYCLE AND RIDER. MULTIPLE FRACTURES AND DISLOCATIONS. LEFT ARM, ELBOW, RIBS, HIP, LEG, KNEE, ANKLE.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable): MOTORCYCLE ACCIDENT

Witness: "Witness" Name: T MCMEANS

Was there more than one person injured in this accident? (if applicable) ☐ Yes ☑ No

Part of body injured or affected: MULTIPLE BODY PARTS - NOC

If fatal, give date of death:

Witness: "Witness" Name: NLVPD DR#1

Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.): SPECIFIC INJURY - FRACTURE

Witness:

Did employee return to next scheduled shift after accident? (if applicable) ☐ Yes ☑ No

Will you have light duty work available if necessary? ☑ Yes ☐ No

If validity of claim is doubted, state reason: UNK

Location of Initial Treatment: UMC

Treating physician/chiropractor name: DEBORA KELLER

Emergency Room ☑ Yes ☐ No

Hospitalized ☑ Yes ☐ No

IMPORTANT LOST TIME INFO

IMPORTANT: How many days per week does employee work? 4

From 1430 To 0030

Last day wages were earned: 03/07/2015

Scheduled days off: S ☐ M ☐ T ☑ W ☑ T ☑ F ☐ S ☐ Rotating ☐

Are you paying injured or disabled employee's wages during disability? ☑ Yes ☐ No

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
11/05/2006	UNK	UNK	UNK

Was the employee hired to work 40 hours per week? ☑ Yes ☐ No

If not, for how many hours a week was the employee hired?

Did the employee receive unemployment compensation any time during the last 12 months? ☐ Yes ☐ No ☑ Do not know

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, attach wage verification form (D-6). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay period ends on: ☐ SUN ☐ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☑ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ UNK per ☑ Hr ☐ Day ☐ Wk ☐ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Officer Clark

Date: 3-10-15

Insurer Use Only

Claim is: ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party

Deemed Wage:

Account No.: 15D34E729659

Class Code:

Claims Examiner's Signature:

Date:

Status Clerk:

Date: 3/10/15

Form C-3 (rev. 1/05) ORIGINAL – EMPLOYER PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYEE

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT

1. Event #: 150307-0108

PART ONE: STATEMENT OF INJURED EMPLOYEE

2. Name: (Last name, First name)	3. P#:	4. Sex:	5. Date of Hire:	6. Date of Birth:	7. SS#: (Required)
Figueroa, David	9693	☑ Male ☐ Female	11/05/2006	10/28/1970	[redacted]

8. Home Mailing Address (#, Street, Bldg/Apt. #, City, State & Zip): 5207 Sparkling Vine Ave, Las Vegas, NV 89131

9. Phone #(s)	10(a) Bureau of Assignment:	11. Classification:	12. Regular Work Hours:
Home: 702-943-0636	Bolden Area Command	PO-II	1430-0030
Cell: 347-682-6476	10(b) Section or Detail of Assignment: BA-33	13. Marital Status: ☐ Single ☐ Married	14. RDO's: TWT

15. Injury/Illness/Exposure:	16. Reported to Supervisor:	17. Left Shift:
Date: 03/07/2015 Time: 0025	Date: 03/07/2015 Time: 0028	Date: 03/07/2015 Time: 0030

NOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and employment.

18. Address and location of occurrence: (Give sufficient Detail): Camino El Norte & W. La Madre Way

19. Was first aid provided? Yes, NVLFD

20. Action: ☐ Doctor's Care ☐ E.R. Care Only ☑ Hospitalized ☐ No Action Taken

21. Body part(s) affected/injured/exposed: Left arm, elbow, ribs, hip, leg, knee, ankle

22. Nature of injury/exposure sustained: (scratch, cut, bruise, strain, exposure, etc.): Multiple fractures and dislocations

23(a). What were you doing when the accident occurred? (Chasing a suspect, walking down stairs, driving, etc?): Riding a motorcycle

23(b). How did the injury/illness/exposure occur? (Explain in Detail): Another motorist made an unsafe turn striking the motorcycle and rider

24. Did the accident happen in the normal course of work? ☐ Yes ☑ No - Explain: Riding motorcycle to become re-acclimated to motors

25. Did you return to next scheduled shift after accident? ☐ Yes ☑ No - What date?

26. Lost Time: ☐ No ☑ Yes - Last day worked after injury: 03/06/2015 If yes, disability slip from physician available? ☑ Yes ☐ No

27. Have you had previous injury/exposure to body part(s) mentioned? (Explain): No

28. How might this injury/illness/exposure have been prevented? Unknown. Other driver possibly DUI.

29. Specify what equipment, objects or substances were involved (Include personal protective equipment used): Boots, pants, leather riding jacket, helmet

30. Was anyone else involved? ☐ No ☑ Yes - List names of others involved: 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 signature on this document acknowledges that they have received a copy of this document including a brief description of their Rights and Benefits under NRS 616 and 617 included with this document.

32. Employee's Signature:	Date:
unable to sign, hospitalized.	03/07/2015

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 detail at 828-3696.

PART TWO: REPORT OF INVESTIGATION BY SUPERVISOR

33. Why did injury/illness/exposure occur? Figueroa, V-2, recently advised that he would be returning to Motors. He was becoming re-acclimated when struck by another motorist.

34. What unsafe condition or act caused or contributed to injury/illness/exposure? Driver of V-1 possibly DUI. The investigation is on-going.

35. Corrective action taken or recommended to prevent recurrence: No recommendations at this time.

36. Is there any reason to doubt the validity of the claim? ☑ No ☐ Yes - What reason?

37. If traffic accident, was the other party cited? ☑ No ☐ Yes - Attach copy of the traffic accident report

NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):	Supervisor's Signature:	Date:
Johnson, Robert P# 4395	[signature] SGT 4395	03/07/2015

PART THREE: BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS

Bureau Commander's Signature	Date:	Deputy Chief's Signature	Date:

Comments:	Comments:

Note: Please fax directly to Health Detail at 828-1509 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 (888)333-1507 Web Site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

LVMPD 76 (Rev. 10/11) INFOPATH 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 titled "Claim for Compensation (Form C-4)

03/07/2015 23:44 7028283152 LVMPD BAC PAGE 01/01

CCMSI

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,

Christina Cabrera

Christina Cabrera
Claims Representative

cc: File/LVMPD/UMC/DIR/GGRM
Enc: D12 / Rights and Benefit

Nevada Department of Administration Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION
15 APR 22 PM 4:33
RECEIVED
AND
FILED

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	David Figueroa
Address:	5207 Sparkling Vine Ave.
	Las Vegas, NV 89131
SSN:	
Telephone:	

EMPLOYER INFORMATION

Claim Number:	15D34E72969
Employer:	LVMPD
Address:	400 S. Martin Luther King Blvd., Building B
	Las Vegas, NV 89106
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: 4/9/15

YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER PER NRS 616C.315 2(a)(b)

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with insurer's determination of letter dated 4/9/15, regarding denial of claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Thomas Askeroth, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:

Name:	CCMSI
Address:	PO Box 35350
	Las Vegas, NV 89133
Telephone:	

Signature

April 22, 2015
Date

SCHEDULED ON
APR 2 7 2015

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.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

(a) A written determination of an Insurer; or

(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.

1510632-TH

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.

Tracey Hagan
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.

1B

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UMC

FACESHEET

ACCT: 8929043215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN 0001906211 ADM: 03/07/15

MRU00499 Page 1 of 1 (06/12)

ACCT # 8929043215 MRN / EIN# 0001906211	PT TYPE TRA	SVC EMG	ADMIT DATE 03/07/15	ADMIT TIME 0051	ROOM/BED -

PATIENT NAME:	DOB	AGE SEX	M/S	RACE	REL	SS #
FIGUEROA,DAVID MANUEL	10/28/1970	44Y M	S	1		[redacted]32

PATIENT INFORMATION
5207 SPARKLING VINE AVE
LAS VEGAS, NV 89131
HM: (347)682-6476
WK:

COUNTY: CLARK
COUNTRY: UNITED STATES
PLACE OF BIRTH:

EMPLOYMENT
LAS VEGAS METROPOLITAN P
400 S MARTIN LUTHER
LAS VEGAS NV 89106 (702)828-3475
OCCUP: POLICE OFFICER

GUARANTOR
FIGUEROA,DAVID MANUEL
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

DATE OF BIRTH: 10/28/1970
SS #: XXX-XX-9532
REL TO PT: SELF
HM:(347)682-6476
WK:(702)828-3475

EMPLOYMENT
LAS VEG
400 S MARTIN LUTHER KING
LAS VEGAS NV 89106
OCCUP: POLICE

SPOUSE/PARENT/OTHER

SS #:XXX-XX-
REL TO PT:
HM:
WK:

EMPLOYMENT
OCCUP:

RELATIVE/FRIEND

REL TO PT:

HOME #:
WORK PHONE #:

INSURANCE
LAS VEGAS METRO POLICE DE
C/O UMR
SALT LAKE CITY UT 84130-054
FIGUEROA,DAVID MANUEL

INS: FIGUEROA,DAVID MANUEL
REL: PATIENT IS INSURED
POL: 055729532
GRP: LV

DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH: (866)868-4295
NOTIFY PH:
AUTH #:

INSURANCE
MVA PENDING INFORMATION O

INS: FIGUEROA,DAVID MANUE
REL: PATIENT IS INSURED
POL: 055729532
GRP:

DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH:
NOTIFY PH:
AUTH #:

INSURANCE

INS:
POL:

DATE OF BIRTH:
BENEFIT/ELIG PH:
GRP:

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OCCUR/DATE	OCCUR/DATE	OCCUR/DATE	CONDITION CODE(S)
01 03/07/15			

ACCIDENT INFORMATION
DATE 03/07/15 TIME 0030 CODE A
ACC TYPE: UTO ACCIDENT
LOCATION: LONE MOUNTAIN
DESC:

REASONS FOR VISIT / COMMENTS
MCC

PHYSICIANS
ADMITTING: 2284 KUHLS,DEBORAH A
ATTENDING: 2284 KUHLS,DEBORAH A
PCP:
CONSULT:

ADMISSION / REGISTRATION

ADM TYPE	POINT OF ORIGIN	FIN CLASS	DSCH DATE	DSCH TIME	REG ID
5	1	520116			TS

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

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSULT:

REASON:

CHIEF 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 sigmoid. 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 negative 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.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:
GENERAL: No apparent distress. Generally neural intact. Cannot 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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DL/MedQ
DD: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 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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OneContent: Generated By UMC\kpark Generated On: 03/30/2015 16:13

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 ILLNESS: 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 prone position with his legs apart. The patient denies 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: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

FAMILY 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.
ENT: External appearance of ears and nose is normal. No exudates or erythema.
CARDIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the bilateral upper and lower extremities.
LUNGS: 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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olecranon fracture. Radiographs of the left foot reveal no fracture. Left femur 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 diaphyseal humeral fracture. CT of the pelvis reveals posterior left hip dislocation with mild sacroiliac diastasis on the left with left inferior pubic 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 dislocation.
3. Left sacroiliac diastasis.
4. Left humeral 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 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 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 schedule allows.

RJ/MedQ
ID: 03/10/2015 12:13:32
DT: 03/10/2015 16:39:22

ROSS JONES, MD

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 734267/646969650
PHYSICIAN: MICHAEL MONROE, MD
DICTATED BY: ROSS JONES, MD

CONSULTATION REPORT
Electronically Authenticated 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
Electronically Authenticated by:
Michael Monroe, MD On 03/20/2015 11:05 AM PDT

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University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929043215
Medical Rec. Number: 0001908211	Birthdate: 10/28/1970 Gender: M
Arrival Date: 03/07/2015 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	96.0 F	90 /min	22 /min	133/99 mm Hg.	98%	10/10

Allergies

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 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 in the last 6 months. (MP24 02:40)

Height/Weight

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: 2.39 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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University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
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:

Med Orders

albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes
Indications: dyspnea
albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT QID ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes

sodium chloride 0.9% 1000 ML IV 125 ml/hr CONTINUOUS ROUTINE

fentaNYL inj [SUBLIMAZE] 100 MCG IV Q1H PRN ROUTINE
Indications: Pain
midazolam inj [VERSED] 0.5 MG IV Q4H PRN ROUTINE
Indications: agitation
ondansetron inj [ZOFRAN] 4 MG IV Q6H PRN ROUTINE
Indications: nausea Comments: PO preferred, IV if NPO or unable to tolerate PO
famotidine inj [PEPCID] 20 MG IV BID ROUTINE

diphenhydrAMINE inj [BENADRYL] 25-50 MG IV HS PRN ROUTINE
Indications: insomnia
acetaminophen [TYLENOL] 650 MG ORAL Q6H PRN ROUTINE
Indications: temp >/= 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 chloride [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 USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)
KCl 40 mEq rider 40 MEQ IVPB 10 MEQ/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 Central Line
Indications: per Electrolyte Protocol (PROT #383)
potassium- sodium phosphate packet (8 mmol phos) [PHOS-NAK] 2 PACKET ORAL 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)
KPhos inj 40 MMOL IVPB 7 MMOL/HR PRN ROUTINE Peripheral Line 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)
magnesium sulfate 2 gm rider 2 GM IVPB 30 MIN 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)
NaPhos inj 40 mmol IVPB 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 89102
702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929049215
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

TR CT BRAIN W/O CONTRAST 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. (CJE1 02:43)
TR CT CERVICAL SPINE W/O CONTRAST 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. (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. (CJE1 02:43)
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 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedside. 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 - RN. Blood obtained from the right antecubital fossa. (CJE1 02:42)
BASIC METABOLIC PANEL ONCE LIFE THREATENING
Entered By (03/07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:16) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (CJE1 02:42)
TR HUMERUS (LEFT) ONCE STAT trauma
Entered By (MK23 RN 03/07/2015 01:10) Ordered By (01:10) Completed By (01:26)
TYPE AND SCREEN ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Order Cancelled (02:21)
REQUEST THAWED PLASMA ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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 W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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)
TR CT LUMBAR 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. Returns from CT. Taken to CT. (CJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related
Entered By (MK23 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 (03/07/2015 01:16) Ordered By (01:16) MD Sign (01:16) Order Cancelled (01:33)
TIBIA + FIBULA (LEFT) ONCE ROUTINE mcc
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 mcc
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

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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

Entered 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 mcc
Entered By (03/07/2015 01:26) Ordered By (01:26) MD Sign (01:26) 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 Sign (01:27) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR TIBIA + FIBULA (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32)
TR ANKLE LIMITED (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 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 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34)
TR TIBIA + FIBULA (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 (03/07/2015 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 Sign (01:38) Order Cancelled (02:23)
ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT
Entered By (03/07/2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Cancelled (02:24)
CROSSMATCH ELECTRONIC ONCE LIFE THREATENING
Entered By (03/07/2015 01:46) Ordered By (01:46) Completed By (CJE1 RN 02:43) MD Sign (01:46)
TR HAND LIMITED (LEFT) ONCE STAT mcc
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 mcc
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)
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 - RN. 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 antecubital fossa. (CJE1 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 ROUTINE
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 Spirometry - NSG 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 Nasal 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to influenza vaccine order if indicated
Initiate Pneumococcal 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 if indicated

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Patient Name: FIGUEROA, DAVID M.	Account Number: 9929043215
Medical Rec. Number: 0001906211	Birthdate: 10/26/1970 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 By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE Urine Output < 0.5 ml/kg/hr Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE HR<60 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE SaO2 <90% Resident
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 <80 or >180 Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: 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] (1907)
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Intensivist is: CONTIN 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 [GENERAL SURGERY, THORACIC SURGERY, THORACIC SURGERY] (20376)
Entered By (03/07/2015 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Neurovascular Checks Q1H ROUTINE
Entered By (03/07/2015 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) Ordered 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 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 KPhos/NaPhos/PhosNaK, 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 resp. distress
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 Coordinator and House Officer
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
CBC/AUTOMATED 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9928043216
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 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 ER 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	BRENDA DERLEIN UNIT CLERK
CJE1	CARLOS ESPARZA RN
MK23	MARTIN KOVACIK RN
MP24	MARITA PEREZ RN
RW4	ROBERT WILSON RN

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

DATE OF SERVICE: 03/07/2015

TIME: Approximately 12:50 a.m.

SENIOR RESIDENT: Zachary VanWagoner.

FELLOW: Dr. Alistair Chapman.

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 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.

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: None.

FAMILY HISTORY: Noncontributory.

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

ALLERGIES: NO KNOWN DRUG ALLERGIES.

PRIMARY SURVEY: AIRWAY: Patent, phonating.
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: Eye 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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deformity of the left humerus, 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, O2 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC.
HEENT: No step-offs or deformities. NCMI. PERRLA.
MAXILLOFACIAL: No step-offs or deformities.
NECK: C-collar is in place.
CHEST AND LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Normal sinus rhythm. S1, S2. 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 nontender to palpation. No 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.
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 C-spine shows no abnormality. CT of the chest demonstrates a fracture of the left 5th rib, 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 acute fracture. X-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 subluxation 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. X-ray of the left foot demonstrates no fracture. X-ray of the left humerus shows a diaphyseal 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, HGB 15.7, hematocrit 47.9, platelets 214.

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

CONSULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Paikas with Vascular Surgery.

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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 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 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 humerus 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 abnormalities 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 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 checks.

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 VANWAGONER, MD (RESIDENT)

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352100/646608958
PHYSICIAN: DEBORAH A KUHLS, MD
DICTATED BY: ZACHARY D VANWAGONER, MD (RESIDENT)

TRAUMA CENTER HISTORY AND PHYSICAL

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UNIVERSITY MEDICAL CENTER

Surgical Services - Implant Log

Patient
ACCT: 8928043218 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL
MR# 0001906211 44Y M
ADM: 03/07/15

Date of Procedure 3/16/15

Circulator Signature M Hmm

Procedure
ORIF Left Ankle
Synthes Plate 3.5mm

Product Sticker 241.453 17 holes 226mm (1) Product Name Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker 3.5mm locking screws 212.107 x 1 22mm Product Name 212.112 x 3 32mm Lot and Serial Number Quantity 212.114 40mm x1	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker 212.130 28mm x2 212.134 44mm x1 Product Name 212.136 48mm x1 Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Product Name Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Product Name Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Product Name Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number Quantity

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Surgical Services - Implant Log

CCMSI ~ Las Vegas

ACCT: 8928043918 DOB: 10/29/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN: 0001906211 ADM: 03/07/15

Date of Procedure: 3/8/15
Circulator Signature:

Procedure: Left ORIF: Acetabular & Femoral Head Fractures
Synthes Implants.

Product Sticker: 3.5mm Fully Cortex Screws 204.640 x 2 (40mm) Product Name: 204.665 x 1 (65mm x 95mm) 804.665 x1 Lot and Serial Number / Quantity	Product Sticker: 4.5mm Headless Compression Product Name: 02.226.740 x 2 Lot and Serial Number / Quantity
Product Sticker: 3.5mm Cortex Screws Product Name: 204.820 x 3 (20mm) Lot and Serial Number / Quantity	Product Sticker: 4.5mm Headless Compression Product Name: 02.226.746 x 1 Lot and Serial Number / Quantity
Product Sticker: 3.5mm Low Profile Recon. Plates Product Name: 245.034 x1 (53mm) Lot and Serial Number / Quantity	Product Sticker: Product Name: Lot and Serial Number / Quantity
Product Sticker: 3.5 mm Low Profile Recon Plates Product Name: 245.036 x 1 (101mm) Lot and Serial Number / Quantity	Product Sticker: Product Name: POOR ORIGINAL Lot and Serial Number / Quantity
Product Sticker: 6.5mm Cannulated Screws Product Name: 206.436 x 1 Lot and Serial Number / Quantity	Product Sticker: Product Name: Lot and Serial Number / Quantity
Product Sticker: 6.5mm Cannulated Screws Product Name: 206.427 (75mm) x1 Lot and Serial Number / Quantity	Product Sticker: Product Name: Lot and Serial Number / Quantity

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Surgical Services - Implant Log

Pat FIGUEROA DAVID MANUEL ACCT: 99290043216 DOB: 10/28/1970
MR# 0001906211 44Y M ADM: 03/07/15

Date of Procedure: 3-7-15

Circulator Signature: Dhuguen

Procedure: External fixator @ tibia-fib, external fixator @ femur open reduction internal fixation left femur

Product Sticker: Synthes locs. small frag Product Name: 3.5 mm Cortex screw, self-tapping Lot and Serial Number: # 204.814, 14mm Quantity: x4	Product Sticker: Stryker ortho (external fixator) Product Name: 5x150 mm Apex Pin Lot and Serial Number: # 5018-12-180 Quantity: x7
Product Sticker: Synthes locs. small frag Product Name: 3.5 mm Cortex screw, self-tap Lot and Serial Number: # 204.855, 66 mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: 3.5 mm Cortex screw, self-tap. Lot and Serial Number: # 204.8100 100 mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: 4.0 mm cancellous bone screw, full thread Lot and Serial Number: # 2010.0110 110mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: one-third tubular locs. LCP plate collar 117 mm Lot and Serial Number: # 241.401 10-hole Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Product Name: Lot and Serial Number: Quantity:	Product Sticker: Product Name: Lot and Serial Number: Quantity:

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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 SURGEON:

ANESTHESIOLOGIST:

PREOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

POSTOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

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 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 gauze over the laceration over the olecranon.

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

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 726631/646509268

DICTATED BY: DEBORAH A KUHLS, MD

OPERATIVE REPORT

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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

ANESTHESIOLOGIST: Agata Vollers, MD

PREOPERATIVE DIAGNOSIS:
1. 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.

POSTOPERATIVE DIAGNOSIS:
1. 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, femur 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 SURGEON: Chris Goodwell, MS3.

ANESTHESIA: General.

TOURNIQUET: No tourniquet was used.

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

INDICATION FOR PROCEDURE: 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 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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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 anesthesia, left lower extremity was prepped and draped in sterile fashion with 1-step Betadine. No tourniquet was used.

The knee was managed 1st. 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 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 tibial pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcaneus, 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 connected to 2 carbon fiber bars, using the Quick Connects, 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 tendon 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/MedQ
DD: 03/07/2015 05:08:52
DT: 03/07/2015 08:06:35

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352153/646611833

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DICTATED BY: MICHAEL MONROE, MD

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UNIVERSITY 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

ANESTHESIOLOGIST: Agata Vollers, MD

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

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

PRIMARY PROCEDURE:
1. 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 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 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.

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 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 extremities were then prepped and draped in a sterile manner. An incision was made medially on the

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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 short-segment 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 done 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 Prolene 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 tendon. 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. Sterile dressing was applied. Patient tolerated the procedure. After the procedure, all needle and sponge counts were correct. The patient was left ventilated and moved back to the trauma ICU for further care by the Trauma Service.

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

QUYNH PHIKES, M.D.

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 728756/646700908

DICTATED BY: QUYNH PHIKES, M.D.

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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. Adangh

PREOPERATIVE DIAGNOSIS:
1. Left humeral shaft fracture.
2. Left olecranon fracture.

POSTOPERATIVE DIAGNOSIS:
1. Left humeral 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 olecranon fracture.

ANESTHESIA: General.

TOURNIQUET TIME: None.

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

INDICATION FOR PROCEDURE: 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 anesthesia, 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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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/MedQ
DD: 03/09/2015 21:36:56
DT: 03/10/2015 10:03:06

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 732550/646881781

DICTATED BY: MICHAEL MONROE, MD

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Michael Monroe, MD On 03/11/2015 02:40 PM PDT

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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:

ANESTHESIOLOGIST: Dr. Goffstein

PREOPERATIVE DIAGNOSIS: 1. Left T type acetabular fracture with fracture of both columns of the acetabulum.
2. Displaced left femoral head fracture.
3. Left trochanteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERFORMED:
1. Open reduction and internal fixation of left acetabular fracture.
2. Open reduction and internal fixation of left femoral head fracture.
3. 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 comminuted 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 stabilization.

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 left 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

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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 column 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 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 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 fluoroscopy. 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 anterior 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 screws 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. Antibiotic ointment 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: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 360747/647016082

DICTATED BY: GERALD MARK SYLVAIN, MD

OPERATIVE REPORT

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Gerald M Sylvain, MD 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

ANESTHESIOLOGIST: Dr. Hoon

PREOPERATIVE DIAGNOSIS:
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 tibia and fibular retained external fixators.
4. Left olecranon malunion.
5. Left olecranon retained hardware.

PROCEDURE:
1. 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 olecranon.
4. Hardware removal of left olecranon.

ANESTHESIA: 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 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 humerus and olecranon 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 olecranon 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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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 anterior lateral plate was then placed on the ankle and a combination of locking 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 metadiaphysis with good alignment and articular congruity.

The incisions were then irrigated, closed with 0 Vicryl, 2-0 Vicryl and 3-0 nylon and a sterile compressive dressing was placed on the ankle as well as the knee, which was a long leg molded anterior-posterior 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 bone. Final images showed good reduction with good position of the wires. The wires were cut short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 nylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in satisfactory condition. No complications.

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

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 375462/647700527

DICTATED BY: MICHAEL MONROE, MD

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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:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, 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 Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911935

Order Date: 03/07/2015

Interpreting Radiologist: ASGHMI, SHAHROKH
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: ASGHMI, 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 exam 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 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
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 0018 - TR CT BRAIN 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:

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. The visualized paranasal sinuses 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, 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 SPINE W/O CONTRAS -- 6911939

CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 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 nonunion of the posterior C1 ring.

There is moderate to severe left C3-C4, mild right C4-C5 and mild right C5-C6 neural foraminal stenosis.

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

IMPRESSION:

No cervical spine fracture or malalignment noted.

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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:
Encounter: 9929043215
Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911940
Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, 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 ABDOMEN AND PELVIS WITH CONTRAST:

CLINICAL HISTORY: Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femurs, 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.

CONTRAST: Iodinated intravenous contrast

FINDINGS:

Lung bases: Unremarkable.
Liver: Normal.
Gallbladder: Normal.
Biliary tree: No ductal dilatation.
Pancreas: Normal.
Spleen: Normal.
Adrenal glands: Normal.
Kidneys: Normal, without urolithiasis 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.
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 mesenteric hematoma identified.
Retroperitoneum: The retroperitoneum is unremarkable.

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Aorta: Normal in caliber.
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 ramus fracture contains a small component of the anteroinferior 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 cm 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 foramen. 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215
Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911941
Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

CTA 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 contrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nonionic iodinated 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:

Nonvascular findings:
Refer to the dedicated CT abdomen pelvis study for a discussion of the left pelvic fractures. There is moderate diastasis 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 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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Traumatic 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 Wagoner by Jerrell Ingalls M.D. on 3/7/2015 2:36 AM PST.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911943

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 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.

CONTRAST: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no pneumothorax, pleural effusion, pericardial effusion, lymphadenopathy or mediastinal hematoma. Thoracic aorta is normal.

Fracture noted in the left lateral fifth rib.

IMPRESSION:

Fracture noted in the left lateral fifth rib.

Bilateral lower lobe atelectasis noted.

Unremarkable exam otherwise. Normal thoracic aorta.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

XR HUMERUS

HISTORY: Pain

COMPARISON: None.

TECHNIQUE: Left humerus, 2 views.

FINDINGS:

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

IMPRESSION:

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

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0140 - TR CT THORACIC SPINE RECONS -- 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 alignment.

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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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, HUBERT on 03/07/2015

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

Lumbar spine CT

Information: Trauma

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 hardware 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 retrolisthesis of L2 over L3 by about 2 mm area

Impression:

No evidence of lumbar spine fracture.

Postoperative changes at L5-S1 noted.

IMPRESSION: \

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIEHLS, DEBORAH
Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

XR TIBIA 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

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: INGALLS, JERRELL on 03/07/2015

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

XR FEMUR

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 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 pubic ramus fracture is evident with 5 mm of inferior displacement of the ischial 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.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIEHLS, DEBORAH
Order Number: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:32
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:32AM
PROCEDURE: TRD 0045 - TR FOOT LIMITED (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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911979

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH
Dictated 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

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 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911980

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 02:29
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM
PROCEDURE: TRD 0047 - TR FOREARM (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 olecranon process site. This extends to the trochlear notch. The olecranon process fragment is proximally displaced 7 mm. No additional fracture identified. An overlying fiberglass splint limits assessment of osseous detail. Circumferential elbow and forearm soft tissue swelling is evident.

IMPRESSION:

1. Mildly displaced proximal ulnar fracture.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location: TRCH:0201
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, MICHAEL
Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, 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 4:57AM
PROCEDURE: TRD 0141 - TR TIBIA FIBULA (LEFT) -- 6912010

INTRAOPERATIVE FLUOROSCOPY: 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(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.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHMJI, HASANALI
Order Number: 6912114

Order Date: 03/07/2015

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

Exam Charge Date: Mar 7 2015 8:30AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6912114

XR CHEST 1 VIEW

HISTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

FINDINGS:

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. 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 exams.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHAJI, HASANALI
Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYE, STEPHEN
Dictated on: 03/07/2015 at 10:21
Signed and Finalized by: HOYE, STEPHEN on 03/07/2015

Exam Charge Date: Mar 7 2015 10:21AM
PROCEDURE: TRD 0064 - TR HIP 1 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 pubic 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 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 pubic 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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Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SALDANHA, 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

Exam Charge Date: Mar 7 2015 8:33PM
PROCEDURE: TCT 0145 - TR CT PELVIS RECONS -- 6912534

CT PELVIS RECONSTRUCTION

INDICATION: Fracture.

COMPARISON: None.

TECHNIQUE: Contiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the axial data set. Utilizing 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 acetabular fracture with posterior left hip dislocation.

IMPRESSION: \

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1600 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, 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
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.

IMPRESSION:

Improved aeration 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SYLVAIN, GERALD
Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINGH, SUKHJINDER
Dictated on: 03/08/2015 at 12:05
Signed and Finalized by: SINGH, SUKHJINDER on 03/08/2015

Exam Charge Date: Mar 8 2015 12:05PM
PROCEDURE: SUG 0081 - 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: 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.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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, JIMMY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:49PM
PROCEDURE: SUG 0086 - OR 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 ORIF of the left humerus and proximal ulna.

Fluoroscopy time: 5.3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION: \

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONICOLL, 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.

FINDINGS:

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

IMPRESSION:

No acute findings. Stable examination.

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
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 Finalized by: HSU, FRANK on 03/11/2015

Exam Charge Date: Mar 11 2015 2:58AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6914224

ER PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Cardiac and mediastinal silhouettes are unchanged from the previous examination. Endotracheal tube is at the level of the head of the clavicles . Nasogastric 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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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, CHRISTOPHER
Order Number: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MUIR, BENJAMIN
Dictated on: 03/13/2015 at 00:03
Signed and Finalized by: MUIR, BENJAMIN on 03/13/2015

Exam Charge Date: Mar 13 2015 12:03AM
PROCEDURE: RAD 0020 - CHEST PORTABLE -- 6915572

XR 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: 11/13/2015.

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.

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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: HYER, KEVIN on 03/27/2015

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0010 - OR ANKLE LIMITED (LEFT) -- 6918391

History: Left ankle fracture.

Findings: 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0030 - OR ELBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FLUOROSCOPY: 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.

Fluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.

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

ADMITTED: 03/07/2015

TRANSFERRED: 03/20/2015

ADMISSION DIAGNOSES:
1. Status post motorcycle crash.
2. Multiple left-sided pelvic fractures with hip dislocation and femoral head fractures.
3. Left-sided comminuted tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
4. Significant loss of tissue and degloving injury to the anterior aspect of the left knee.
5. Left humerus fracture and olecranon fracture in conjunction with laceration of the left elbow.
6. Left 5th rib fracture.
7. Focal sigmoid fat stranding on CT scan.
8. Injury to the left popliteal artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:
1. Status post motorcycle crash.
2. Left pelvic fractures including acetabulum, femoral head, inferior pubic, status post ORIF.
3. Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
4. 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.
6. Left humerus and olecranon fracture, open, status post ORIF on March 9th and revision on March 18th.
7. Degloving injury of the left knee with open fracture, status post reduction.
8. Sigmoid fat stranding with benign abdominal exam. No evidence of bowel injury.
9. Paresthesias of the left lower extremity, likely secondary to severe injury, stable.

DIAGNOSTIC STUDIES:
1. 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.
2. A CT of the abdomen and pelvis with IV 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 hematoma identified.
3. 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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mild right C4-5, and mild right C5-6 neural foraminal stenosis.
4. CT of the chest, with contrast, March 7, 2015: Fracture noted in the left lateral 5th rib. Bilateral lower lobe atelectasis noted.
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. CT of the lumbar spine, March 7, 2015: No evidence of lumbar spine fracture. Postoperative changes at L5-S1 noted.
8. Left humerus x-ray, March 7, 2015: Humeral diaphyseal 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. Femur x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic subluxation/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 phalanx of the 1st digit as described.
16. CT pelvis reconstruction, March 7, 2015: Comminuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEDURES:
1. Open left knee dislocation with femoral head fracture, left tib fracture with multiple comminuted distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
2. Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration, March 7, 2015.
3. Closed reduction left knee, external fixation application femur 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.
4. Left popliteal artery repair with reverse saphenous 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 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 fixation of left tibial pilon fracture, external fixator removal from tibia and fibula, revision open reduction, internal fixation of left olecranon, hardware removal of left olecranon, March 16, 2015, per Dr. Michael Monroe.

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HOSPITAL COURSE: Mr. Figueroa is 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 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 vascular 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 fixators while on the floor service. We have had difficulty managing his pain. Therefore, we consulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilized 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.

CONDITION: Stable.

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

HOSPITAL MEDICATIONS:
1. Tylenol 650 milligrams oral q.6 hours p.r.n.
2. Lovenox 40 milligrams subcutaneously before bed for DVT prophylaxis.
3. MiraLAX powder 17 grams by mouth daily. While on narcotics.
4. Zofran 4 milligrams IV q.4 hours p.r.n. nausea.
5. Robaxin 1000 milligrams by mouth q.i.d. for muscle spasms.
6. Oxycodone 15 milligram tablets q.4 hours p.r.n. breakthrough pain.
7. Hydroxyzine 25 milligrams q.6 hours p.r.n.
8. Oxycodone 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. Nexium 20 milligrams by mouth before breakfast.
11. Aspirin 81 milligrams by mouth daily.

DIET: Regular as tolerated.

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

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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.

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

ESMERALDA CLARK, APN

NICHOLE INGALLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 759119/648132663
PHYSICIAN: NICHOLE INGALLS, MD
DICTATED BY: ESMERALDA CLARK, APN

TRANSFER SUMMARY

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

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1TRMRCD

ACCT: 9929043215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN: 0001988211 ADM: 03/07/15

TRAUMA TELEMETRY RECORD

MRLI01269 (07/2014) Page 1 of 1

0040

1. DOES PATIENT MEET TRAUMA FIELD TRIAGE CRITERIA? ☐ Yes ☐ No
2. CHOOSE ONE: ☐ Full ☐ Intermediate ☐ Burn Activation ☐ ED Eval
3. INTER-FACILITY TRANSFER? ☐ Yes ☐ No
4. BEDSIDE ACTIVATION? ☐ Yes ☐ No

DATE: 3/7/15 TIME: 041 ETA: 7
UNIT: 697

Arrived via:
☐ AMR ☐ MW ☐ LVFR ☐ HFD ☐ CCFD
☐ NLVFD ☐ Mercy Air ☐ Guardian Air
☐ Other:

AGE: 44 SEX: ☐ Male ☐ Female

PRE-HOSPITAL CARE

☐ C Spine ☐ Back Board
☐ O2 via: @ L/min
☐ IV:
☐ Medication(s):
☐ Other:

VITAL SIGNS

BP: 7 P: 110 R: 18 O2 Sat: 100% GCS: 15

MECHANISM OF INJURY

☐ MVC - Versus: / mph
☐ Ext Damage > 18 inches PCI & Location:
Apparatus: ☐ Restrained ☐ Unrestrained ☐ Air Bag deployed ☐ Car Seat
Victim Location: ☐ Driver ☐ Passenger → ☐ Front ☐ Back.
Impact Type: ☐ Rear-ended ☐ Rollover ☐ T-Boned (driver side) ☐ Front End ☐ Head On ☐ T-Boned (passenger side)
☐ AUTO vs. PEDESTRIAN - mph → ☐ at least 20 mph
☐ MOTORCYCLE ☐ ATV ☐ BICYCLE ☐ WATERCRAFT
☐ Versus: @ mph ☐ Operator ☐ Helmet
☐ FALL - Distance: On to: SDYD
☐ PENETRATING INJURY - ☐ GSW ☐ Stab Wound ☐ Other:
☐ ASSAULTED - With / By:
☐ AMPUTATION: ☐ CRUSH:
☐ INHALATION INJURY: ☐ BURN: %
☐ OTHER: LOC - -

CHIEF COMPLAINT

☐ Head ☐ Abdominal ☐ Neck ☐ Back ☐ Chest ☐ Extremities Lt leg ☐ Anticoagulants

BURN ACTIVATION CRITERIA

☐ Patient 15 years of age or older - 2nd DEGREE BURNS OR GREATER WITH AT LEAST 20% TBSA

FULL ACTIVATION CRITERIA

PHYSIOLOGICAL CRITERIA (Attributable to Trauma)

☐ Glasgow Coma Score is 12 or less
☐ Confirmed Systolic BP is 90 mmHg or less at any time in adults and 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

☐ Flail Chest
☐ Penetrating injury to head, neck, chest, abdomen or pelvis
☐ Traumatic paralysis
☐ Obvious skull or pelvic fracture (due to blunt trauma)
☐ Amputated, crushed, de-gloved or mangled extremity proximal to wrist or ankle

INTERMEDIATE CRITERIA

☐ Ejection of patient from motor vehicle
☐ Passenger compartment intrusion (12 inches on patient side OR 18 inches any other area within the passenger compartment)
☐ Pedestrian or cyclist hit by vehicle traveling greater than 20 mph
☐ Fall of greater than 20 feet
☐ Fall of > 3 times a child's height (age < 14 years)
☐ Rollover, patient unrestrained
☐ Motor vehicle crash with death of same vehicle occupant
☐ Motorcycle or personal watercraft crash greater than 20 mph
☐ Combination trauma with burns greater than 10% or inhalation injuries
☐ Prolonged extrication (20 minutes or longer)
☐ Penetrating injuries to the extremities, proximal to the knee or elbow

Additional Information:

ER Physician Name: Dr Berkeley Physician / RN Signature:
☐ Conferred with Dr. regarding Activation Status

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ORIGINAL: Chart COPY: Registrar

002952 001
002989

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

UMR
A UnitedHealthcare Company

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

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UMC

FACESHEET

ACCT: 9929043215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN 0001906211 ADM: 03/07/15

MRU00499 Page 1 of 1 (08/12)

ACCT # 9929043215 MRN / EDN# 0001906211	PT TYPE TRA	SVC EMG	ADMIT DATE 03/07/15	ADMIT TIME 0051	ROOM/BED -

PATIENT NAME:	DOB	AGE SEX	M/S	RACE	REL
FIGUEROA,DAVID MANUEL	10/28/1970	44Y M	S	1	

PATIENT INFORMATION
6207 SPARKLING VINE AVE
LAS VEGAS, NV 89131
HM: (347)682-6476
WK:
COUNTY: CLARK
COUNTRY: UNITED STATES
PLACE OF BIRTH:

EMPLOYMENT
LAS VEGAS METROPOLITAN P
400 S MARTIN LUTHER
LAS VEGAS NV 89106 (702)828-3475
OCCUP: POLICE OFFICER

GUARANTOR
FIGUEROA,DAVID MANUEL
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131
DATE OF BIRTH: 10/28/1970
SS #: XXX-XX-9532
REL TO PT: SELF
HM:(347)682-6476
WK:(702)828-3475

EMPLOYMENT
LAS VEG
400 S MARTIN LUTHER KING
LAS VEGAS NV 89106
OCCUP: POLICE

SPOUSE/PARENT/OTHER
SS #:XXX-XX-
REL TO PT:
HM:
WK

EMPLOYMENT
OCCUP:

RELATIVE/FRIEND
REL TO PT:
HOME #:
WORK PHONE #:

INSURANCE
LAS VEGAS METRO POLICE DE
C/O UMR
SALT LAKE CITY UT 84130-064
FIGUEROA,DAVID MANUEL
INS: FIGUEROA,DAVID MANUEL
REL: PATIENT IS INSURED
POL: 055729532
GRP: LV
DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH: (866)868-4295
NOTIFY PH:
AUTH #:

INSURANCE
MVA PENDING INFORMATION 0
INS: FIGUEROA,DAVID MANUE
REL: PATIENT IS INSURED
POL: 055729532
GRP:
DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH:
NOTIFY PH:
AUTH #:

INSURANCE
INS:
POL:
DATE OF BIRTH:
BENEFIT/ELIG PH:
GRP:

OCCUR/DATE	OCCUR/DATE	OCCUR/DATE	CONDITION CODE(S)
01 03/07/15			

ACCIDENT INFORMATION
DATE 03/07/15 TIME 0030 CODE A
ACC TYPE: UTO ACCIDENT
LOCATION: LONE MOUNTAIN
DESC:

REASONS FOR VISIT / COMMENTS
MCC

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PHYSICIANS
ADMITTING: 2284 KUHLS,DEBORAH A
ATTENDING: 2284 KUHLS,DEBORAH A
PCP:
CONSULT:

ADMISSION / REGISTRATION

ADM TYPE	POINT OF ORIGIN	FIN CLASS	DSCH DATE	DSCH TIME	REG ID
5	1	520116			TS

OneContent: Generated By UMC\kpark Generated On: 03/30/2015 16:13

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

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSULT:

REASON:

CHIEF 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 sigmoid. 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 negative 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.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:
GENERAL: No apparent distress. Generally neural intact. Cannot 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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DL/MedQ
ID: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 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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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 ILLNESS: 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 prone position with his legs apart. The patient denies 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: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

FAMILY 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.
ENT: External appearance of ears and nose is normal. No exudates or erythema.
CARDIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the bilateral upper and lower extremities.
LUNGS: 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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olecranon fracture. Radiographs of the left foot reveal no fracture. Left femur 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 diaphyseal humeral fracture. CT of the pelvis reveals posterior left hip dislocation with mild sacroiliac diastasis on the left with left inferior pubic 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 dislocation.
3. Left sacroiliac diastasis.
4. Left humeral 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 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 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 schedule allows.

RJ/MedQ
ID: 03/10/2015 12:13:32
DT: 03/10/2015 16:39:22

ROSS JONES, MD

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 734267/646969650
PHYSICIAN: MICHAEL MONROE, MD
DICTATED BY: ROSS JONES, MD

CONSULTATION REPORT

Electronically Authenticated 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
Electronically Authenticated by:
Michael Monroe, MD On 03/20/2015 11:05 AM PDT

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Las Vegas, NV 89102
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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:

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
03/07/2015 02:40	MP24	98.0 F	80 /min	22 /min	133/99 mm Hg	98%	10/10

Allergies

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)
mco (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 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 in the last 6 months. (MP24 02:40)

Height/Weight

Hgt: 188 cm at 02:40 (MP24 03/07/2015 02:40)
Wgt: 109.1 kg at 02:40 (MP24 02:40)
BMI: 30.8 (MP24 02:40)
BSA: 2.39 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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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929043215
Medical Rec. Number: 0001906211	Birthdate: 10/29/1970 Gender: M
Arrival Date: 03/07/2015 00:51	Primary MD:
Visit Date: 03/07/2015 00:54	Attending MD:

Med Orders

albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes
Indications: dyspnea
albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT QID ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes

sodium chloride 0.9% 1000 ML IV 125 ml/hr CONTINUOUS ROUTINE

fentaNYL inj [SUBLIMAZE] 100 MCG IV Q1H PRN ROUTINE
Indications: Pain
midazolam inj [VERSED] 0.5 MG IV Q4H PRN ROUTINE
Indications: agitation
ondansetron inj [ZOFRAN] 4 MG IV Q8H PRN ROUTINE
Indications: nausea Comments: PO preferred, IV if NPO or unable to tolerate PO
famotidine inj [PEPCID] 20 MG IV BID ROUTINE

diphenhydrAMINE inj [BENADRYL] 25-50 MG IV HS PRN ROUTINE
Indications: insomnia
acetaminophen [TYLENOL] 650 MG ORAL Q6H PRN ROUTINE
Indications: temp >/= 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 chloride [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 USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)
KCl 40 mEq rider 40 MEQ IVPB 10 MEQ/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 Central Line
Indications: per Electrolyte Protocol (PROT #383)
potassium- sodium phosphate packet (8 mmol phos) [PHOS-NAK] 2 PACKET ORAL 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)
KPhos inj 40 MMOL IVPB 7 MMOL/HR PRN ROUTINE Peripheral Line 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)
magnesium sulfate 2 gm rider 2 GM IVPB 30 MIN 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)
NaPhos inj 40 mmol IVPB 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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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929049215
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

TR CT BRAIN W/O CONTRAST 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. (CJE1 02:43)
TR CT CERVICAL SPINE W/O CONTRAST 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. (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. (CJE1 02:43)
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 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X- ray at bedside. 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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (CJE1 02:42)
TR HUMERUS (LEFT) ONCE STAT trauma
Entered By (MK23 RN 03/07/2015 01:10) Ordered By (01:10) Completed By (01:26)
TYPE AND SCREEN ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Order Cancelled (02:21)
REQUEST THAWED PLASMA ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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 W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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)
TR CT LUMBAR 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. Returns from CT. Taken to CT. (CJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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 mcc
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 mcc
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

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929043215
Medical Rec. Number: 0001908211	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

Entered 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 mcc
Entered By (03/07/2015 01:26) Ordered By (01:26) MD Sign (01:26) 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 Sign (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR TIBIA + FIBULA (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32)
TR ANKLE LIMITED (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 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 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34)
TR TIBIA + FIBULA (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 (03/07/2015 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 Sign (01:38) Order Cancelled (02:23)
ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT
Entered By (03/07/2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Cancelled (02:24)
CROSSMATCH ELECTRONIC ONCE LIFE THREATENING
Entered By (03/07/2015 01:46) Ordered By (01:46) Completed By (CJE1 RN 02:43) MD Sign (01:46)
TR HAND LIMITED (LEFT) ONCE STAT mcc
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 mcc
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)
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 - RN. 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 antecubital fossa. (CJE1 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 ROUTINE
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 Spirometry - NSG 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 Nasal 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to influenza vaccine order if indicated
Initiate Pneumococcal 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 if indicated

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Emergency Department Chart

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

Non- Med Orders

Intake & Output Q1H ROUTINE
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE Urine Output < 0.5 ml/kg/hr Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE HR<50 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE SaO2 <90% Resident
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 <80 or >180 Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: 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] (1907)
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Intensivist Is: CONTIN 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 [GENERAL SURGERY, THORACIC SURGERY, THORACIC SURGERY] (20375)
Entered By (03/07/2015 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Neurovascular Checks Q1H ROUTINE
Entered By (03/07/2015 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) Ordered 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 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 KPhos/NaPhos/PhosNaK, 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 resp. distress
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 Coordinator and House Officer
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
CBC/AUTOMATED 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

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University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 0929043215
Medical Rec. Number: 0001906211	Birthdate: 10/26/1970 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 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 ER 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

BD99	BRENDA DERLEIN UNIT CLERK
CJE1	CARLOS ESPARZA RN
MK23	MARTIN KOVACIK RN
MP24	MARITA PEREZ RN
RW4	ROBERT WILSON RN

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

DATE OF SERVICE: 03/07/2015

TIME: Approximately 12:50 a.m.

SENIOR RESIDENT: Zachary VanWagoner.

FELLOW: Dr. Alistair Chapman.

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 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.

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: None.

FAMILY HISTORY: Noncontributory.

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

ALLERGIES: NO KNOWN DRUG ALLERGIES.

PRIMARY SURVEY: AIRWAY: Patent, phonating.
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: Eye 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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deformity of the left humerus, 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, O2 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC.
HEENT: No step-offs or deformities. EOMI. PERRLA.
MAXILLOFACIAL: No step-offs or deformities.
NECK: C-collar is in place.
CHEST AND LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Normal sinus rhythm. S1, S2. 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 nontender to palpation. No 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.
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 C-spine shows no abnormality. CT of the chest demonstrates a fracture of the left 5th rib, 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 acute fracture. X-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 subluxation 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. X-ray of the left foot demonstrates no fracture. X-ray of the left humerus shows a diaphyseal 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, HGB 15.7, hematocrit 47.9, platelets 214.

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

CONSULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Peikes with Vascular Surgery.

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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 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 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 humerus 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 abnormalities 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 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 checks.

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

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

ZACHARY D VANWAGONER, MD (RESIDENT)

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352100/646608958
PHYSICIAN: DEBORAH A KUHLS, MD
DICTATED BY: ZACHARY D VANWAGONER, MD (RESIDENT)

TRAUMA CENTER HISTORY AND PHYSICAL

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Surgical Services - Implant Log

Patient: ACCT: 892B043216 DOB: 10/28/1970 FIGUEROA DAVID MANUEL MRN: 0001906211 Age: 44Y M Adm: 03/07/15

Date of Procedure: 3/16/15

Circulator Signature: M Hmy

Procedure: ORIF Left Ankle

Synthes Plate 3.5mm

Product Sticker: 241.453 17 Holes 226mm (C)	Product Sticker
Product Name: x(1)	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker: 3.5mm Locking Screws	Product Sticker
212.107 x1 22mm	Product Name
Product Name: 212.112 x3 38mm	Lot and Serial Number / Quantity
Lot and Serial Number / Quantity: 212.117 46mm x1	Product Sticker
Product Sticker: 212.120 42mm x2	212.134 44mm x1
Product Name: 212.136 46mm x1	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity

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Surgical Services - Implant Log

ACCT: 99280432215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN: 0001906211 ADM: 03/07/15

Date of Procedure: 3 | 8 | 15

Circulating Signature:

Procedure: Left
ORIF: Acetabular & Femoral Head Fractures
Synthes Implants.

Product Sticker 3.5mm Pelvic Cortex Screws Product Name 204.640 x 2 (40mm) 204.645 x 1 (45mm x 95mm) x1 Lot and Serial Number / Quantity	Product Sticker 4.5mm Headless Compression Product Name 02.226.740 x 2 Lot and Serial Number / Quantity
Product Sticker 3.5mm Cortex Screws Product Name 204.820 x 3 (20mm) Lot and Serial Number / Quantity	Product Sticker 4.5mm Headless Compression Product Name 02.226.746 x 1 Lot and Serial Number / Quantity
Product Sticker 3.5mm Low Profile Recon. Plates Product Name 245.024 x1 (53mm) Lot and Serial Number / Quantity	Product Sticker Product Name Lot and Serial Number / Quantity
Product Sticker 3.5 mm Low Profile Recon Plates Product Name 245.026 x 1 (101mm) Lot and Serial Number / Quantity	Product Sticker Product Name Lot and Serial Number / Quantity
Product Sticker 6.5mm Cannulated Screws Product Name 208.436 x 1 Lot and Serial Number / Quantity	Product Sticker Product Name Lot and Serial Number / Quantity
Product Sticker 6.5mm Cannulated Screws Product Name 208.437 (75mm) x1 Lot and Serial Number / Quantity	Product Sticker Product Name Lot and Serial Number / Quantity

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Surgical Services - Implant Log

Pat FIGUEROA DAVID MANUEL ACCT: 8328043215 DOB: 10/28/1970
MR# 0001906211 ADM: 03/07/15 44Y M

Date of Procedure 3-7-15

Circulator Signature Nteuven

Procedure External fixator @ tibia-Pin, external fixator @ femur open reduction internal fixation left tibia

Product Sticker Synthes locc. small frag Product Name 3.5 mm Cortex screw, self-tapping Lot and Serial Number # 204.884, 14mm Quantity x4	Product Sticker Stryker orthd Centeral fixator Product Name 5 x 180 mm Apex Pin Lot and Serial Number # 6018-le-180 Quantity x7
Product Sticker Synthes locc. small frag Product Name 3.5 mm Cortex screw, self-tap Lot and Serial Number # 204.855, 65 mm Quantity x1	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Synthes locc. small frag Product Name 3.5 mm Cortex screw, self-tap Lot and Serial Number # 204.810 100 mm Quantity x1	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Synthes locc. small frag Product Name 4.0 mm Cancellous bone screw, full thread Lot and Serial Number # 2010.010 110mm Quantity x1	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Synthes locc. small frag Product Name one-third tubular locking LCP plate 2 collar 117 mm Lot and Serial Number # 241.401 10-hole Quantity x1	Product Sticker Product Name Lot and Serial Number Quantity
Product Sticker Product Name Lot and Serial Number Quantity	Product Sticker Product Name Lot and Serial Number RECEIVED

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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 SURGEON:

ANESTHESIOLOGIST:

PREOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

POSTOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

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 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 gauze over the laceration over the olecranon.

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

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 726631/646609268

DICTATED BY: DEBORAH A KUHLS, MD

OPERATIVE REPORT

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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

ANESTHESIOLOGIST: Agata Vollers, MD

PREOPERATIVE DIAGNOSIS:
1. 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.

POSTOPERATIVE DIAGNOSIS:
1. 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, femur 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 SURGEON: Chris Goodwell, MS3.

ANESTHESIA: General.

TOURNIQUET: No tourniquet was used.

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

INDICATION FOR PROCEDURE: 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 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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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 anesthesia, left lower extremity was prepped and draped in sterile fashion with 1-step Betadine. No tourniquet was used.

The knee was managed 1st. 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 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 tibial pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcaneus, 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 connected to 2 carbon fiber bars, using the Quick Connects, 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 tendon 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/MedQ
DD: 03/07/2015 05:08:52
DT: 03/07/2015 08:06:35

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352153/646611833

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DICTATED BY: MICHAEL MONROE, MD

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Michael Monroe, MD On 03/09/2015 03:53 PM PDT

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UNIVERSITY 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-CPA

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

ANESTHESIOLOGIST: Agata Vollers, MD

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

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

PRIMARY PROCEDURE:
1. 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 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 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.

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 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 extremities were then prepped and draped in a sterile manner. An incision was made medially on the

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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 short-segment 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 done 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 Prolene 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 tendon. 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. Sterile dressing was applied. Patient tolerated the procedure. After the procedure, all needle and sponge counts were correct. The patient was left ventilated and moved back to the trauma ICU for further care by the Trauma Service.

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

QUYNH PEIKES, M.D.

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MRN: 0001906211
ADM DATE: 03/07/2015
JOB#: 728756/646700908

DICTATED BY: QUYNH PEIKES, M.D.

OPERATIVE REPORT

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1800 West Charleston Boulevard
Las Vegas, Nevada 89102

DATE OF SERVICE: 03/09/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON: Jose Zerom, CST

ANESTHESIOLOGIST: Dr. Adangh

PREOPERATIVE DIAGNOSIS:
1. Left humeral shaft fracture.
2. Left olecranon fracture.

POSTOPERATIVE DIAGNOSIS:
1. Left humeral 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 olecranon fracture.

ANESTHESIA: General.

TOURNIQUET TIME: None.

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

INDICATION FOR PROCEDURE: 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 anesthesia, 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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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/MedQ
DD: 03/09/2015 21:36:56
DT: 03/10/2015 10:03:06

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 732550/646881781

DICTATED BY: MICHAEL MONROE, MD

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

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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:

ANESTHESIOLOGIST: Dr. Goffstein

PREOPERATIVE DIAGNOSIS: 1. Left T type acetabular fracture with fracture of both columns of the acetabulum.
2. Displaced left femoral head fracture.
3. Left trochanteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERFORMED:
1. Open reduction and internal fixation of left acetabular fracture.
2. Open reduction and internal fixation of left femoral head fracture.
3. 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 comminuted 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 stabilization.

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 left 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

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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 column 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 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 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 fluoroscopy. 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 anterior 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 screws 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. Antibiotic ointment 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: FIGUEROA, 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, MD 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

ANESTHESIOLOGIST: Dr. Hoon

PREOPERATIVE DIAGNOSIS:
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 tibia and fibular retained external fixators.
4. Left olecranon malunion.
5. Left olecranon retained hardware.

PROCEDURE:
1. 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 olecranon.
4. Hardware removal of left olecranon.

ANESTHESIA: 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 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 humerus and olecranon 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 olecranon 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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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 anterior lateral plate was then placed on the ankle and a combination of locking 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 metadiaphysis with good alignment and articular congruity.

The incisions were then irrigated, closed with 0 Vicryl, 2-0 Vicryl and 3-0 nylon and a sterile compressive dressing was placed on the ankle as well as the knee, which was a long leg molded anterior-posterior 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 bone. Final images showed good reduction with good position of the wires. The wires were cut short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 nylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in satisfactory condition. No complications.

MM/MedQ
ID: 03/16/2015 12:52:58
DT: 03/16/2015 16:24:33

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 375482/647700527

DICTATED BY: MICHAEL MONROE, MD

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OPERATIVE REPORT
Electronically Authenticated and Edited by:
Michael Monroe, MD On 03/20/2015 11:09 AM PDT

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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:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, 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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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIEHLS, DEBORAH
Order Number: 6911935

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 7 2015 1:26AM
PROCEDURE: XRD 0103 - XR 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 exam 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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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911938

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 0018 - TR CT BRAIN 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:

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. The visualized paranasal sinuses 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, 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 SPINE W/O CONTRAS -- 6911939

CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 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 nonunion of the posterior C1 ring.

There is moderate to severe left C3-C4, mild right C4-C5 and mild right C5-C6 neural foraminal stenosis.

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

IMPRESSION:

No cervical spine fracture or malalignment noted.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911940

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM
PROCEDURE: TCT 0163 - TR CT ABD AND PELVIS IV ONLY -- 6911940

CT OF THE ABDOMEN AND PELVIS WITH CONTRAST:

CLINICAL HISTORY: Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femurs, 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.

CONTRAST: Iodinated intravenous contrast

FINDINGS:

Lung bases: Unremarkable.
Liver: Normal.
Gallbladder: Normal.
Biliary tree: No ductal dilatation.
Pancreas: Normal.
Spleen: Normal.
Adrenal glands: Normal.
Kidneys: Normal, without urolithiasis 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.
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 mesenteric hematoma identified.
Retroperitoneum: The retroperitoneum is unremarkable.

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Aorta: Normal in caliber.
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 ramus fracture contains a small component of the anteroinferior 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 cm 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 foramen. 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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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911941

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

CTA 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 contrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nonionic iodinated 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:

Nonvascular findings:
Refer to the dedicated CT abdomen pelvis study for a discussion of the left pelvic fractures. There is moderate diastasis 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 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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Traumatic 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 Wagoner by Jerrell Ingalls M.D. on 3/7/2015 2:36 AM PST.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001908211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911943

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 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.

CONTRAST: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no pneumothorax, pleural effusion, pericardial effusion, lymphadenopathy or mediastinal hematoma. Thoracic aorta is normal.

Fracture noted in the left lateral fifth rib.

IMPRESSION:

Fracture noted in the left lateral fifth rib.

Bilateral lower lobe atelectasis noted.

Unremarkable exam otherwise. Normal thoracic aorta.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

XR HUMERUS

HISTORY: Pain

COMPARISON: None.

TECHNIQUE: Left humerus, 2 views.

FINDINGS:

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

IMPRESSION:

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

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

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

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0140 - TR CT THORACIC SPINE RECONS -- 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 alignment.

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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: NIEHLS, 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, HUBERT on 03/07/2015

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

Lumbar spine CT

Information: Trauma

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 hardware failure noted.

Streak artifact compromised examination.

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

There is mild degenerative disk disease at L2-L3, L3-L4 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: \

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

XR TIBIA 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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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215
Date of Birth: 10/20/1970
MRN: 0001906211

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: INGALLS, JERRELL on 03/07/2015

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

XR FEMUR

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 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 pubic ramus fracture is evident with 5 mm of inferior displacement of the ischial 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.

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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:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:32
Signed and Finalised by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:32AM
PROCEDURE: TRD 0045 - TR FOOT LIMITED (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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Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911979

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH
Dictated 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

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 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911980

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 02:29
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM
PROCEDURE: TRD 0047 - TR FOREARM (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 olecranon process site. This extends to the trochlear notch. The olecranon process fragment is proximally displaced 7 mm. No additional fracture identified. An overlying fiberglass splint limits assessment of osseous detail. Circumferential elbow and forearm soft tissue swelling is evident.

IMPRESSION:

1. Mildly displaced proximal ulnar fracture.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: TRCH:0201
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, MICHAEL
Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, 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 4:57AM
PROCEDURE: TRD 0141 - TR TIBIA FIBULA (LEFT) -- 6912010

INTRAOPERATIVE FLUOROSCOPY: 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(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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHMJI, HASANALI
Order Number: 6912114

Order Date: 03/07/2015

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

Exam Charge Date: Mar 7 2015 8:30AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6912114

XR CHEST 1 VIEW

HISTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

FINDINGS:

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. 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 exams.

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Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHAYI, HASANALI
Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYE, STEPHEN
Dictated on: 03/07/2015 at 10:21
Signed and Finalized by: HOYE, STEPHEN on 03/07/2015

Exam Charge Date: Mar 7 2015 10:21AM
PROCEDURE: TRD 0064 - TR HIP 1 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 pubic 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 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 pubic 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: SALDANHA, 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

Exam Charge Date: Mar 7 2015 8:33PM
PROCEDURE: TCT 0145 - TR CT PELVIS RECONS -- 6912534

CT PELVIS RECONSTRUCTION

INDICATION: Fracture.

COMPARISON: None.

TECHNIQUE: Contiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the axial data set. Utilizing 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 acetabular fracture with posterior left hip dislocation.

IMPRESSION: \

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/20/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, 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
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.

IMPRESSION:

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

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SYLVAIN, GERALD
Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINGH, SUKHJINDER
Dictated on: 03/08/2015 at 12:05
Signed and Finalized by: SINGH, SUKHJINDER on 03/08/2015

Exam Charge Date: Mar 8 2015 12:05PM
PROCEDURE: SUG 0081 - 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: 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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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, JIMMY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:48PM
PROCEDURE: ZZZ 0086 - OR 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 ORIF of the left humerus and proximal ulna.

Fluoroscopy time: 5.3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION: \

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONICOLL, 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.

FINDINGS:

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

IMPRESSION:

No acute findings. Stable examination.

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(702) 383-2241

Patient Name: FIGUEROA, 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: HSU, FRANK
Dictated on: 03/11/2015 at 02:58
Signed and Finalized by: HSU, FRANK on 03/11/2015

Exam Charge Date: Mar 11 2015 2:58AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6914224

XR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Cardiac and mediastinal silhouettes are unchanged from the previous examination. Endotracheal tube is at the level of the head of the clavicles . Nasogastric 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MCNICOLL, CHRISTOPHER
Order Number: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MUIR, BENJAMIN
Dictated on: 03/13/2015 at 00:03
Signed and Finalized by: MUIR, BENJAMIN on 03/13/2015

Exam Charge Date: Mar 13 2015 12:03AM
PROCEDURE: RAD 0020 - CHRST PORTABLE -- 6915572

XR 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: 11/13/2015.

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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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: HYER, KEVIN on 03/27/2015

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: XUG 0010 - OR ANKLE LIMITED (LEFT) -- 6918391

History: Left ankle fracture.

Findings: 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0030 - OR ELBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FLUOROSCOPY: 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.

Fluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.

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

ADMITTED: 03/07/2015

TRANSFERRED: 03/20/2015

ADMISSION DIAGNOSES:
1. Status post motorcycle crash.
2. Multiple left-sided pelvic fractures with hip dislocation and femoral head fractures.
3. Left-sided comminuted tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
4. Significant loss of tissue and degloving injury to the anterior aspect of the left knee.
5. Left humerus fracture and olecranon fracture in conjunction with laceration of the left elbow.
6. Left 5th rib fracture.
7. Focal sigmoid fat stranding on CT scan.
8. Injury to the left popliteal artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:
1. Status post motorcycle crash.
2. Left pelvic fractures including acetabulum, femoral head, inferior pubic, status post ORIF.
3. Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
4. 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.
6. Left humerus and olecranon fracture, open, status post ORIF on March 9th and revision on March 18th.
7. Degloving injury of the left knee with open fracture, status post reduction.
8. Sigmoid fat stranding with benign abdominal exam. No evidence of bowel injury.
9. Paresthesias of the left lower extremity, likely secondary to severe injury, stable.

DIAGNOSTIC STUDIES:
1. 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.
2. A CT of the abdomen and pelvis with IV 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 hematoma identified.
3. 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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mild right C4-5, and mild right C5-6 neural foraminal stenosis.
4. CT of the chest, with contrast, March 7, 2015: Fracture noted in the left lateral 5th rib. Bilateral lower lobe atelectasis noted.
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. CT of the lumbar spine, March 7, 2015: No evidence of lumbar spine fracture. Postoperative changes at L5-S1 noted.
8. Left humerus x-ray, March 7, 2015: Humeral diaphyseal 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. Femur x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic subluxation/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 phalanx of the 1st digit as described.
16. CT pelvis reconstruction, March 7, 2015: Comminuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEDURES:
1. Open left knee dislocation with femoral head fracture, left tib fracture with multiple comminuted distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
2. Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration, March 7, 2015.
3. Closed reduction left knee, external fixation application femur 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.
4. Left popliteal artery repair with reverse saphenous 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 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 fixation of left tibial pilon fracture, external fixator removal from tibia and fibula, revision open reduction, internal fixation of left olecranon, hardware removal of left olecranon, March 16, 2015, per Dr. Michael Monroe.

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HOSPITAL COURSE: Mr. Figueroa is 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 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 vascular 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 fixators while on the floor service. We have had difficulty managing his pain. Therefore, we consulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilized 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.

CONDITION: Stable.

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

HOSPITAL MEDICATIONS:
1. Tylenol 650 milligrams oral q.6 hours p.r.n.
2. Lovenox 40 milligrams subcutaneously before bed for DVT prophylaxis.
3. MiraLAX powder 17 grams by mouth daily. While on narcotics.
4. Zofran 4 milligrams IV q.4 hours p.r.n. nausea.
5. Robaxin 1000 milligrams by mouth q.i.d. for muscle spasms.
6. Oxycodone 15 milligram tablets q.4 hours p.r.n. breakthrough pain.
7. Hydroxyzine 25 milligrams q.6 hours p.r.n.
8. Oxycodone 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. Nexium 20 milligrams by mouth before breakfast.
11. Aspirin 81 milligrams by mouth daily.

DIET: Regular as tolerated.

FOLLOWUP:
1. Patient is to follow up with Dr. Monroe in 2 weeks.
2. 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,

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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.

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

ESMERALDA CLARK, APN

NICHOLE INGALLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 759119/648132663
PHYSICIAN: NICHOLE INGALLS, MD
DICTATED BY: ESMERALDA CLARK, APN

TRANSFER SUMMARY

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

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UMC UNIVERSITY MEDICAL CENTER

TTRHRCD

ACCT: 8826043218 DOB: 10/28/1970
FIGUERQA
DAVID MANUEL 44Y M
MRN: 0001986211 ADM: 03/07/15

TRAUMA TELEMETRY RECORD

MRU01269 (07/31/14) Page 1 of 1

0040

1. DOES PATIENT MEET TRAUMA FIELD TRIAGE CRITERIA? ☐ Yes ☐ No 3. INTER-FACILITY TRANSFER? ☐ Yes ☐ No
2. CHOOSE ONE: ☐ Full ☐ Intermediate ☐ Burn Activation ☐ ED Eval 4. BEDSIDE ACTIVATION? ☐ Yes ☐ No

DATE: 3/7/15 TIME: 0241 ETA: 7
UNIT: 69F

Arrived via:
☐ AMR ☐ MW ☐ LVFR ☐ HFD ☐ CCFD
☐ NLVFD ☐ Mercy Air ☐ Guardian Air
☐ Other:

AGE: 44 SEX: ☐ Male ☐ Female

PRE-HOSPITAL CARE

☐ C Spine ☐ Back Board
☐ O2 via: @ L/min
☐ IV:
☐ Medication(s):
☐ Other:

VITAL SIGNS

BP: 7 P: 110 R: 18 O2Sat: 100% GCS: 15

MECHANISM OF INJURY

☐ MVC - Versus: / mph
☐ Ext. Damage > 16 inches PCI & Location:
Apparatus: ☐ Restrained ☐ Unrestrained ☐ Air Bag deployed ☐ Car Seat
Victim Location: ☐ Driver ☐ Passenger → ☐ Front ☐ Back.
Impact Type: ☐ Rear-ended ☐ Rollover ☐ T-Boned (driver side) ☐ Front End ☐ Head On ☐ T-Boned (passenger side)
☐ AUTO vs. PEDESTRIAN - mph → ☐ at least 20 mph
☐ MOTORCYCLE ☐ ATV ☐ BICYCLE ☐ WATERCRAFT
☐ Versus: @ mph ☐ Operator ☐ Helmet
☐ FALL - Distance: On to: SDVD
☐ PENETRATING INJURY - ☐ GSW ☐ Stab Wound
☐ Other:
☐ ASSAULTED - With / By:
☐ AMPUTATION: ☐ CRUSH:
☐ INHALATION INJURY: ☐ BURN: %
☐ OTHER: LOC - -

CHIEF COMPLAINT

☐ Head ☐ Abdominal ☐ Neck ☐ Back ☐ Chest ☐ Extremities Lt leg ☐ Anticoagulants

BURN ACTIVATION CRITERIA

☐ Patient 15 years of age or older - 2nd DEGREE BURNS OR GREATER WITH AT LEAST 20% TBSA

FULL ACTIVATION CRITERIA

PHYSIOLOGICAL CRITERIA (Attributable to Trauma)

☐ Glasgow Coma Score is 12 or less
☐ Confirmed Systolic BP is 90 mmHg or less at any time in adults and 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

☐ Flail Chest
☐ Penetrating injury to head, neck, chest, abdomen or pelvis
☐ Traumatic paralysis
☐ Obvious skull or pelvic fracture (due to blunt trauma)
☐ Amputated, crushed, de-gloved or mangled extremity proximal to wrist or ankle

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INTERMEDIATE CRITERIA

☐ Ejection of patient from motor vehicle
☐ Passenger compartment intrusion (12 inches on patient side OR 18 inches any other area within the passenger compartment)
☐ Pedestrian or cyclist hit by vehicle traveling greater than 20 mph
☐ Fall of greater than 20 feet
☐ Fall of > 3 times a child's height (age < 14 years)
☐ Rollover, patient unrestrained
☐ Motor vehicle crash with death of same vehicle occupant
☐ Motorcycle or personal watercraft crash greater than 20 mph
☐ Combination trauma with burns greater than 10% or inhalation injuries
☐ Prolonged extrication (20 minutes or longer)
☐ Penetrating injuries to the extremities, proximal to the knee or elbow

Additional Information:

ER Physician Name: Dr Berkeley Physician / RN Signature:
☐ Conferred with Dr: regarding Activation Status

ORIGINAL: Chart COPY: Registrar

002952 001
002989

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

UMR
A UnitedHealthcare Company

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

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IN THE SUPREME COURT OF THE STATE OF NEVADA

CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT Appellants, vs. DAVID FIGUEROA, Respondent.	Supreme Court Case No.: 78926 District Court Case No.: A-18-779790-J

APPELLANTS' APPENDIX VOLUME 3

DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102-4375
Attorneys for Appellants Cannon Cochran Management Services, Inc. And Las Vegas Metropolitan Police Department

JASON MILLS, ESQ.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102
Attorney for Petitioner David Figueroa

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LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 30 day of October 2019, service of the attached **APPELLANTS' APPENDIX VOLUME 3** was made this date by depositing a true copy of the same for mailing, first class mail, and/or electronic service as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS, BRISBOIS, BISGAARD & SMITH, LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
AUG 28 PM 4:30
RECEIVED
AND
FILED

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131 Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400B S MARTIN LUTHER KING #435 LAS VEGAS, NV 89106 **DOH: 9/2/15 at 8:00 a.m.**

EMPLOYER'S APPEAL MEMORANDUM

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ. and LEWIS BRISBOIS BISGAARD & SMITH, and submits its Appeal Memorandum for the hearing on the instant matter currently set to be heard on Wednesday, September 2, 2015 at 8:00 a.m. In support of its position, the Employer states as follows.

1. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant due to his failure to meet his burden in establishing that his alleged injury/condition arose out of and in the course and scope of his employment; and

2. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant he was off duty and was not expected to respond to any calls when the accident occurred.

WHEREFORE, Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, respectfully requests that the Appeals Officer provide the following relief:

…

…

…

…

DOC 028

1. That the Appeals Officer affirm the claim denial determination dated March 20, 2015.

Dated this 27 date of August, 2015.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By _____
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 005125
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Tel. 702.893.3383
Fax. 702.366.9689
Attorneys for Employer

DOCUMENTS TO BE INTRODUCED AT HEARING

The Employer shall rely upon its Index of Documents, consisting of eighteen (18) pages, filed separately herein and any supplemental documents filed prior to the hearing. Further, the Employer shall rely upon any documents produced by the claimant, subject to objection.

STATEMENT OF THE ISSUES

The following issue is before the Appeals Officer for review:

1. Whether the determination to deny the claim for compensation was proper.

WITNESSES

The Employer may call the following witnesses at the time of hearing:

1. Proper representatives of the Employer;

Further, the Employer does reserve the right to call the claimant himself, together with any treating or examining physicians of the claimant, for rebuttal and other purposes at the time of hearing.

...

...

TIME ESTIMATED FOR HEARING

It is estimated that the time for hearing of the Employer's case as respondent will be one (1) hour or less.

STATEMENT OF FACTS

The claimant, DAVID FIGUEROA (hereinafter referred to as "claimant"), has **multiple prior industrial claims**. Upon information and belief, the first of these claims has a date of injury of August 27, 2010.

The claimant alleged **another industrial injury** occurred on March 15, 2011, when he was involved in a motor vehicle accident at the Las Vegas Blvd. and I-95 intersection where he incurred head, neck and back injuries. (Exhibit p. 1.)

Dr. Quaglieri performed a 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 pp. 2-3.)

The claimant filed **another C-4 form** 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 that injury on March 5, 2013. (Exhibit pp. 4-9.)

The claimant filed **another C-4 form** for his back on December 17, 2012. The claimant listed the date of injury as March 15, 2011 and was diagnosed with low back pain. (Exhibit p. 10.)

The Employer completed a C-3 form 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 p. 11.)

In the instant matter, on March 7, 2015, the claimant allegedly sustained an industrial injury while working within the course and scope of his employment for LVMPD. According to the C-4 form, the claimant 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 claimant was not in the normal course of his work or duties as a police officer. (Exhibit p. 14.) **In fact, the claimant was off duty on his personal motorcycle when the accident occurred. He was not within the course and scope of his employment nor was he on call or expected to respond to any calls.**

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

The claimant 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 appeal ensues.

ARGUMENT

I.

CLAIMANT BEARS THE BURDEN

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 Industrial Insurance System v. Hicks, 100 Nev. 567, 688 P.2d 324 (1984); Holley v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

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).

...

...

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.**

Based upon the present information, the evidence supports the Employer's position that claim denial is proper.

II.

CLAIM DENIAL IS PROPER

Under NRS 616C.150(1), the claimant has the burden of proof to show that the 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, it is clear the claimant was not in the course and scope of his employment when the alleged injury occurred as **he was off duty and on his personal motorcycle when the accident occurred. He was not within the course and scope of his employment nor was he on call or expected to respond to any calls.**

NRS 616A.030 defines an accident as ". . . an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an **injury**." (Emphasis added).

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** . . ." (Emphasis added).

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).

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.

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

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.).

Here, the claimant has not established that an injury arose out of and in the course and scope of his employment.

Therefore, based upon the facts currently in evidence, it is the Employer's position that the claimant cannot meet his burden of showing that his alleged injury arose out of and in the course and scope of his employment as required by NRS 616C.150. The claimant also did not describe a specific accident or injury, as defined by NRS 616A.030 and NRS 616A.265.

CONCLUSION

Based upon the foregoing points and authorities, it is clear that the claimant has failed to establish by a preponderance of the evidence that he sustained a compensable industrial injury. The claimant has failed to present any credible evidence to disturb the Employer's determination.

WHEREFORE, Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, respectfully requests that the Appeals Officer provide the following relief:

...

...

...

1. That the Appeals Officer affirm the claim denial determination dated March 20, 2015.

DATED this 27 day of August, 2015.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH

By: _____

Daniel L. Schwartz, Esq.
Nevada Bar No. 5125
2300 W. Sahara Ave., Suite 300
Las Vegas, Nevada 89102
Attorneys for the Employer

CERTIFICATE OF MAILING

I hereby certify that, on the 28 day of August, 2015, I served a true and correct copy of the above and foregoing **EMPLOYER'S APPEAL MEMORANDUM** by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope addressed to the following:

LISA ANDERSON, ESQ. ***(hand delivered)***
GREENMAN GOLDBERG RABY & MARTINEZ
601 S. NINTH ST.
LAS VEGAS, NV 89101

LVMPD – HEALTH DETAIL
ATTN: ABIGAIL BUCKLER
400 S. MARTIN L. KING BLVD., STE. B
LAS VEGAS, NV 89106

CCMSI
ATTN: BRIGID WYSZOMIRSKI
P.O. BOX 35350
LAS VEGAS, NV 89133

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim	Claim No: 15D34E72969
David Figueroa, Claimant.	Appeal No: 1511793-MM

CLAIMANT'S EVIDENCE

COMES NOW the Claimant submits the following evidence attached hereto, collectively marked as Exhibit "1" as follows:

DOCUMENT	PAGE NO.
1. Notice of Resetting	001-009
2. UMC	010-081

Dated this 25th day of August, 2015

Respectfully submitted,

GREENMAN, GOLDBERG, RABY & MARTINEZ

By: _____
Gabriel Martinez, Esq.
Lisa Anderson, Esq.
601 S. Ninth Street
Las Vegas, Nevada 89101
Attorneys for Claimant

GREENMAN, GOLDBERG
RABY & MARTINEZ
601 SOUTH NINTH STREET
LAS VEGAS, NEVADA
89101-7012
(702) 384-1616
FAX: (702) 384-2990

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DOC029

CLAIMANT'S EXHIBIT # 1

CERTIFICATE OF HAND DELIVERED

I hereby certify that on the 25th day of August, 2015 hand delivered by runner, a true and correct copy of the foregoing **CLAIMANT'S EVIDENCE #1** in an envelope addressed to the following:

Daniel L. Schwartz, Esq.
2300 W. Sahara Ave.
#300 Box 28
Las Vegas, NV 89102

an Employee of GREENMAN, GOLDBERG, RABY & MARTINEZ

GREENMAN, GOLDBERG
RABY & MARTINEZ
601 SOUTH NINTH STREET
LAS VEGAS, NEVADA
89101-7012
(702) 384-1616
FAX: (702) 384-2990

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the

Evidence
(Title of Document)

Filed in or submitted for Hearing Number / Appeal Number 1511793-MM

XX Does not contain the social security number of any person.

Or

_____ Contains the social security number of a person as required by:

A. A specific State of federal law, to wit:

_____
(State specific law)

B. For the administration of a public program or for an application for a federal or state grant.

Belinda Cox
Signature

8/25/15
Date

Belinda Cox
Print Name

ASST
Title

EXHIBIT 1

FILED
JUN 2 4 2015
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA,	Appeal No: 1511793-MM
Claimant.	

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of the Appeals Officer for a HEARING on:

DATE: **September 2, 2015**

TIME: **8:00AM-9:00AM**

PLACE: **DEPARTMENT OF ADMINISTRATION**
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

###

CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

###

IT IS SO ORDERED this 24th day of June, 2015.

Michelle L Morgando

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF RESETTING was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY ET AL
601 S NINTH ST
LAS VEGAS NV 89101

LVMPD - HEALTH DETAIL
ABIGAIL BUCKLER
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 24th day of June, 2015.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA, Claimant.	Appeal No: 1511793-MM

NOTICE OF APPEAL AND ORDER TO APPEAR

1. **ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED** that a hearing will be held on a **STACKED CALENDAR** by the Appeals Officer, pursuant to NRS 616 and 617 on:

   DATE: AUGUST 6, 2015
   TIME: 9:30AM STACKED
   PLACE: DEPT OF ADMINISTRATION, HEARINGS DIVISION
   2200 SOUTH RANCHO DRIVE, SUITE 220
   LAS VEGAS NV 89102

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.

3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.

4. **Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.**

5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.

6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.

7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED this 3rd day of June, 2015.

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY ET AL
601 S NINTH ST
LAS VEGAS NV 89101

LVMPD - HEALTH DETAIL
ABIGAIL BUCKLER
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 3rd day of June, 2015.

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

RECEIVED
FILED
AM 9:24

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.

Tracey Hagan
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.

SCHEDULED ON
MAY 27 2015
APPEALS DIVISION

1511793-MM

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

THOMAS ASKEROTH ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ABIGAIL BUCKLER
LVMPD - HEALTH DETAIL
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2015.

Dan Baiza
Employee of the State of Nevada

Department of Administration Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

15 APR 22 PM 4:33

RECEIVED
FILED

REQUEST FOR HEARING

CLAIMANT INFORMATION	
Claimant:	David Figueroa
Address:	5207 Sparkling Vine Ave.
	Las Vegas, NV 89131
SSN:	
Telephone:	

EMPLOYER INFORMATION	
Claim Number:	15D34E72969
Employer:	LVMPD
Address:	400 S. Martin Luther King Blvd., Building B
	Las Vegas, NV 89106
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: 4/9/15

YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER PER NRS 616C.315 2(a)(b)

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with insurer's determination of letter dated 4/9/15, regarding denial of claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:	
Name:	Thomas Askeroth, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:	
Name:	CCMSI
Address:	PO Box 35350
	Las Vegas, NV 89133
Telephone:	

Signature

April 22, 2015
Date

SCHEDULED ON
APR 23 2015

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.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

(a) A written determination of an insurer; or

(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.

1510632-TH

CCMSI

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,

Christina Cabrera
Claims Representative

cc: File/LVMPD/UMC/DIR/GGRM
Enc: D12 / Rights and Benefit

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15D34E729659

FACESHEET

ACCT: 8S29043215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRF 0001906211 ADM: 03/07/15

MRU00499 Page 1 of 1 (08/12)

ACCT # 8S29043215 MR# EDI# 0001906211	PT TYPE TRA	SVC EMG	ADMIT DATE 03/07/15	ADMIT TIME 0051	ROOM/BED -

PATIENT NAME:	DOB	AGE SEX	M/S	RACE	REL	SS #
FIGUEROA,DAVID MANUEL	10/28/1970	44Y M	S	1		XXX-XX-9532

PATIENT INFORMATION
5207 SPARKLING VINE AVE
LAS VEGAS, NV 89131
HM: (347)682-6476
WK:

COUNTY: CLARK
COUNTRY: UNITED STATES
PLACE OF BIRTH:

EMPLOYMENT
LAS VEGAS METROPOLITAN P
400 S MARTIN LUTHER
LAS VEGAS NV 89106 (702)828-3475
OCCUP: POLICE OFFICER

GUARANTOR
FIGUEROA,DAVID MANUEL
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

DATE OF BIRTH: 10/28/1970
SS #: XXX-XX-9532
REL TO PT: SELF
HM:(347)682-6476
WK:(702)828-3475

EMPLOYMENT
LAS VEG
400 S MARTIN LUTHER KING
LAS VEGAS NV 89106
OCCUP: POLICE

SPOUSE/PARENT/OTHER

SS #:XXX-XX-
REL TO PT:
HM:
WK:

EMPLOYMENT
OCCUP:

RELATIVE/FRIEND

REL TO PT:

HOME #:
WORK PHONE #:

INSURANCE
LAS VEGAS METRO POLICE DE
C/O UMR
SALT LAKE CITY UT 84130-054
FIGUEROA,DAVID MANUEL

INS: FIGUEROA,DAVID MANUEL
REL: PATIENT IS INSURED
POL: 055729532
GRP: LV

DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH: (866)868-4295
NOTIFY PH:
AUTH #:

INSURANCE
MVA PENDING INFORMATION O

INS: FIGUEROA,DAVID MANUE
REL: PATIENT IS INSURED
POL: 055729532
GRP:

DATE OF BIRTH: 10/28/70
BENEFIT/ELIG PH:
NOTIFY PH:
AUTH #:

INSURANCE

INS:
POL:

DATE OF BIRTH:
BENEFIT/ELIG PH:
GRP:

OCCUR/DATE	OCCUR/DATE	OCCUR/DATE	CONDITION CODE(S)
01 03/07/15			

ACCIDENT INFORMATION
DATE 03/07/15 TIME 0030 CODE A
ACC TYPE: UTO ACCIDENT
LOCATION:LONE MOUNTAIN
DESC:

REASONS FOR VISIT / COMMENTS
MCC

RECEIVED
JUN 02 2015
CCMSI ~ Las Vegas

PHYSICIANS
ADMITTING: 2294 KUHLS,DEBORAH A
ATTENDING: 2294 KUHLS,DEBORAH A
POP:
CONSULT:

ADMISSION / REGISTRATION

ADM TYPE	POINT OF ORIGIN	FIN CLASS	DSCH DATE	DSCH TIME	REG ID
5	1	520116			TS

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

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSULT:

REASON:

CHIEF 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 sigmoid. 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 negative 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.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:
GENERAL: No apparent distress. Generally neural intact. Cannot 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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DL/MedQ
DD: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 353563/646666155

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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JUN 02 2015
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UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

CONSULTANT: Michael Monroe, MD

REQUESTED BY: DEBORAH A KIHLS, 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 ILLNESS: 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 prone position with his legs apart. The patient denies 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: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

FAMILY 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.
ENT: External appearance of ears and nose is normal. No exudates or erythema.
CARDIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the bilateral upper and lower extremities.
LUNGS: 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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olecranon fracture. Radiographs of the left foot reveal no fracture. Left femur 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 diaphyseal humeral fracture. CT of the pelvis reveals posterior left hip dislocation with mild sacroiliac diastasis on the left with left inferior pubic 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 dislocation.
3. Left sacroiliac diastasis.
4. Left humeral 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 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 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 schedule allows.

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

ROSS JONES, MD

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 734267/646969650
PHYSICIAN: MICHAEL MONROE, MD
DICTATED BY: ROSS JONES, MD

CONSULTATION REPORT
Electronically Authenticated 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
Electronically Authenticated by:
Michael Monroe, MD On 03/20/2015 11:05 AM PDT

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JUN 02 2015
CCMSI ~ Las Vegas

University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9329043215
Medical Rec. Number: 0001903211	Birthdate: 10/28/1970 Gender: M
Arrival Date: 03/07/2015 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	96.0 F	90 /min	22 /min	133/88 mm Hg.	98%	10/10

Allergies

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 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 in the last 6 months. (MP24 02:40)

Height/Weight

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: 2.39 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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JUN 02 2015
CCMSI ~ Las Vegas

University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8829043215
Medical Rec. Number: 0001905211	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

albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes
Indications: dyspnea
albuterol soln for neb [VENTOLIN] 2.5 MG NEB RT QID ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes

sodium chloride 0.9% 1000 ML IV 125 ml/hr CONTINUOUS ROUTINE

fentaNYL inj [SUBLIMAZE] 100 MCG IV Q1H PRN ROUTINE
Indications: Pain
midazolam inj [VERSED] 0.5 MG IV Q4H PRN ROUTINE
Indications: agitation
ondansetron inj [ZOFRAN] 4 MG IV Q8H PRN ROUTINE
Indications: nausea Comments: PO preferred, IV if NPO or unable to tolerate PO
famotidine inj [PEPCID] 20 MG IV BID ROUTINE

diphenhydrAMINE inj [BENADRYL] 25- 50 MG IV HS PRN ROUTINE
Indications: insomnia
acetaminophen [TYLENOL] 650 MG ORAL Q6H PRN ROUTINE
Indications: temp >/= 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 chloride [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 USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)
KCl 40 mEq rider 40 MEQ IVPB 10 MEQ/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 Central Line
Indications: per Electrolyte Protocol (PROT #383)
potassium- sodium phosphate packet (8 mmol phos) [PHOS- NAK] 2 PACKET ORAL 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)
KPhos inj 40 MMOL IVPB 7 MMOL/HR PRN ROUTINE Peripheral Line 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)
magnesium sulfate 2 gm rider 2 GM IVPB 30 MIN 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)
NaPhos inj 40 mmol IVPB 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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Las Vegas, NV 89102
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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929049215
Medical Rec. Number: 0001905211	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

TR CT BRAIN W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 01:05) 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 CERVICAL SPINE W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 01:05) 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 01:05) 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 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 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X- ray at bedside. 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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (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 - RN. Blood obtained from the right antecubital fossa. (CJE1 02:42)
TR HUMERUS (LEFT) ONCE STAT trauma
Entered By (MK23 RN 03/07/2015 01:10) Ordered By (01:10) Completed By (01:26)
TYPE AND SCREEN ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Order Cancelled (02:21)
REQUEST THAWED PLASMA ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT
Entered By (MK23 RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38)
TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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 W/O CONTRAST ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 03/07/2015 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)
TR CT LUMBAR 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. Returns from CT. Taken to CT. (CJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related
Entered By (MK23 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 (03/07/2015 01:16) Ordered By (01:16) MD Sign (01:16) Order Cancelled (01:33)
TIBIA + FIBULA (LEFT) ONCE ROUTINE mcc
Entered By (BDss UNIT CLERK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:27)
FEMUR (LEFT) ONCE STAT mcc
Entered By (BDss 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

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8929043215
Medical Rec. Number: 0001908211	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

Entered 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 mcc
Entered By (03/07/2015 01:26) Ordered By (01:26) MD Sign (01:26) 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 Sign (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR TIBIA + FIBULA (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32)
TR ANKLE LIMITED (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 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 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34)
TR TIBIA + FIBULA (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 (03/07/2015 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 Sign (01:38) Order Cancelled (02:23)
ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT
Entered By (03/07/2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Cancelled (02:24)
CROSSMATCH ELECTRONIC ONCE LIFE THREATENING
Entered By (03/07/2015 01:46) Ordered By (01:46) Completed By (CJE1 RN 02:43) MD Sign (01:46)
TR HAND LIMITED (LEFT) ONCE STAT mcc
Entered By (BD99 UNIT CLERK 03/07/2015 02:24) Ordered By (02:24) Results Back (02:28) MD Sign (02:24) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR FOREARM (LEFT) ONCE STAT mcc
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)
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 - RN. 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 antecubital fossa. (CJE1 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 ROUTINE
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 Spirometry - NSG 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 Nasal 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to Influenza vaccine order if Indicated
Initiate Pneumococcal 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 if Indicated

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 9929043215
Medical Rec. Number: 0001905211	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 By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE Urine Output < 0.5 ml/kg/hr Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE HR<50 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
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE SaO2 <90% Resident
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 <90 or >180 Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: 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] (1907)
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Intensivist is: CONTIN 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 [GENERAL SURGERY, THORACIC SURGERY, THORACIC SURGERY] (20375)
Entered By (03/07/2015 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Neurovascular Checks Q1H ROUTINE
Entered By (03/07/2015 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) Ordered 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 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 KPhos/NaPhos/PhosNaK, 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 resp. distress
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 Coordinator and House Officer
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
CBC/AUTOMATED 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 (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

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Emergency Department Chart

Patient Name: FIGUEROA, DAVID M.	Account Number: 8928043215
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 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 ER 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

BD99	BRENDA DERLEIN UNIT CLERK
CJE1	CARLOS ESPARZA RN
MK23	MARTIN KOVACIK RN
MP24	MARITA PEREZ RN
RW4	ROBERT WILSON RN

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1800 West Charleston Boulevard
Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

TIME: Approximately 12:50 a.m.

SENIOR RESIDENT: Zachary VanWagoner.

FELLOW: Dr. Alistair Chapman.

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 seperation. 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.

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: None.

FAMILY HISTORY: Noncontributory.

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

ALLERGIES: NO KNOWN DRUG ALLERGIES.

PRIMARY SURVEY: AIRWAY: Patent, phonating.
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: Eye 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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deformity of the left humerus, 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, O2 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC. HEENT: No step-offs or deformities. EOMI. PERRLA.
MAXILLOFACIAL: No step-offs or deformities.
NECK: C-collar is in place.
CHEST AND LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Normal sinus rhythm. S1, S2. 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 nontender to palpation. No 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.
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 C-spine shows no abnormality. CT of the chest demonstrates a fracture of the left 5th rib, 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 acute fracture. X-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 subluxation 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. X-ray of the left foot demonstrates no fracture. X-ray of the left humerus shows a diaphyseal 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, HGB 15.7, hematocrit 47.9, platelets 214.

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

CONSULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Paikas with Vascular Surgery.

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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 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 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 humerus 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 abnormalities 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 bowel injury. Patient has an injury to the left popliteal artery 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 Peikes 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 checks.

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 VANWAGONER, MD (RESIDENT)

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352100/646608958
PHYSICIAN: DEBORAH A KUHLS, MD
DICTATED BY: ZACHARY D VANWAGONER, MD (RESIDENT)

TRAUMA CENTER HISTORY AND PHYSICAL

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Surgical Services - Implant List

Patient: ACCT: 8828043215 DOB: 10/28/1970 FIGUEROA DAVID MANUEL MRN: 0001905211 ADM: 03/27/15 44Y M

Date of Procedure: 3/16/15

Circulator Signature: M Hmm

Procedure: ORIF Left Ankle

Synthes Plate 3.5mm

Product Sticker: 241.453 17 holes 22mm (1)	Product Sticker
Product Name: x1	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker: 3.5mm locking screws 212.107 x1 22mm	Product Sticker
Product Name: 212.112 x3 38mm	Product Name
Lot and Serial Number: 212.114 40mm x1 / Quantity	Lot and Serial Number / Quantity
Product Sticker: 212.120 42mm x2	Product Sticker
Product Name: 212.124 44mm x1	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity
Product Sticker	Product Sticker
Product Name	Product Name
Lot and Serial Number / Quantity	Lot and Serial Number / Quantity

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Surgical Services - Implant Log

ACCT: 9828043216 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRF 0001806211 ADM: 03/07/15

Date of Procedure: 3/8/15

Circulator Signature:

Procedure: LOF
ORIF: Acetabular & Femoral Head Fractures
Synthes Implants.

Product Sticker / Product Name / Lot and Serial Number / Quantity	Product Sticker / Product Name / Lot and Serial Number / Quantity
3.5mm Pelvic Cortex Screws 204.040 x 2 (40mm)	4.5mm Headless Compression 02.226.740 x 2
204.665 x 1 (65mm) (95mm) 204.695 x 1	
3.5mm Cortex Screws 204.820 x 3 (20mm)	4.5mm Headless Compression 02.226.746 x 1
3.5mm Low Profile Recon. Plates 245.034 x 1 (52mm)	
3.5 mm Low Profile Recon Plates 245.036 x 1 (104mm)	POOR ORIGINAL
6.5mm Cannulated Screws 208.436 x 1	
6.5mm Cannulated Screws 208.437 (75mm) x 1	

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Surgical Services - Implant Log

Pat ACCT: 8528043215 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL
MRN: 0001906211 44Y M
ADM: 03/07/15

Date of Procedure: 3-7-15

Circulator Signature: Stellmen

Procedure: External fixator @ tib-fib, external fixator @ femur open reduction internal fixation left tibia

Product Sticker: Synthes locs. small frag Product Name: 3.5 mm cortex screw, self-tapping Lot and Serial Number: # 204.824, 42mm Quantity: x4	Product Sticker: Stryker ortho (external fixator) Product Name: 5 x 150 mm Apex Pin Lot and Serial Number: # 5018-le-180 Quantity: x7
Product Sticker: Synthes locs. small frag Product Name: 3.5 mm cortex screw, self-tap Lot and Serial Number: # 204.855, 65 mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: 3.5 mm cortex screw, self-tap Lot and Serial Number: # 204.860 100 mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: 4.0 mm cancellous bone screw, full thread Lot and Serial Number: # 2016.010 110mm Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Synthes locs. small frag Product Name: one-third tubular locs. LCP plate 2 collar 117 mm Lot and Serial Number: # 241.401 10-hole Quantity: x1	Product Sticker: Product Name: Lot and Serial Number: Quantity:
Product Sticker: Product Name: Lot and Serial Number: Quantity:	Product Sticker: Product Name: Lot and Serial Number: Quantity:

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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 SURGEON:

ANESTHESIOLOGIST:

PREOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

POSTOPERATIVE DIAGNOSIS: Left open olecranon fracture, and mid shaft fracture of the left humerus.

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 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 gauze over the laceration over the olecranon.

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

DEBORAH A KUHLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 726631/646609268

DICTATED BY: DEBORAH A KUHLS, MD

OPERATIVE REPORT

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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

ANESTHESIOLOGIST: Agata Vollers, MD

PREOPERATIVE DIAGNOSIS:
1. 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.

POSTOPERATIVE DIAGNOSIS:
1. 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, femur 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 SURGEON: Chris Goodwell, MS3.

ANESTHESIA: General.

TOURNIQUET: No tourniquet was used.

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

INDICATION FOR PROCEDURE: 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 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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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 anesthesia, left lower extremity was prepped and draped in sterile fashion with 1-step Betadine. No tourniquet was used.

The knee was managed 1st. 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 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 tibial pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcaneus, 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 connected to 2 carbon fiber bars, using the Quick Connects, 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 tendon 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/MedQ
DD: 03/07/2015 05:08:52
DT: 03/07/2015 08:06:35

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 352153/646611833

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DICTATED BY: MICHAEL MONROE, MD

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Electronically Authenticated and Edited by:
Michael Monroe, MD On 03/09/2015 03:53 PM PDT

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

DATE OF SERVICE: 03/07/2015

SURGEON: Quynh Pelkes, M.D.

ASSISTANT SURGEON: Wesley Smith, CPT-CFA

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

ANESTHESIOLOGIST: Agata Vollers, MD

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

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

PRIMARY PROCEDURE:
1. 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 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 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.

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 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 extremities were then prepped and draped in a sterile manner. An incision was made medially on the

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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 short-segment 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 done 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 Prolene 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 tendon. 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. Sterile dressing was applied. Patient tolerated the procedure. After the procedure, all needle and sponge counts were correct. The patient was left ventilated and moved back to the trauma ICU for further care by the Trauma Service.

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

QUINN PEIKES, M.D.

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 728756/646700908

DICTATED BY: QUINN PEIKES, M.D.

OPERATIVE REPORT

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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. Adengh

PREOPERATIVE DIAGNOSIS:
1. Left humeral shaft fracture.
2. Left olecranon fracture.

POSTOPERATIVE DIAGNOSIS:
1. Left humeral 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 olecranon fracture.

ANESTHESIA: General.

TOURNIQUET TIME: None.

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

INDICATION FOR PROCEDURE: 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 anesthesia, 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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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/MedQ
DD: 03/09/2015 21:36:56
DT: 03/10/2015 10:03:06

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 732550/646861781

DICTATED BY: MICHAEL MONROE, MD

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Michael Monroe, MD On 03/11/2015 02:40 PM PDT

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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:

ANESTHESIOLOGIST: Dr. Goffstein

PREOPERATIVE DIAGNOSIS: 1. Left T type acetabular fracture with fracture of both columns of the acetabulum.
2. Displaced left femoral head fracture.
3. Left trochanteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERFORMED:
1. Open reduction and internal fixation of left acetabular fracture.
2. Open reduction and internal fixation of left femoral head fracture.
3. 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 comminuted 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 stabilization.

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 left 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

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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 column 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 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 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 fluoroscopy. 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 anterior 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 screws 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. Antibiotic ointment was placed followed by a sterile dressing.

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

GMS/MedQ
ED: 03/10/2015 16:28:28
DT: 03/10/2015 21:27:19

GERALD MARK SYLVAIN, MD

PATIENT: FIGUEROA, 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, MD 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

ANESTHESIOLOGIST: Dr. Hoon

PREOPERATIVE DIAGNOSIS:
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 tibia and fibular retained external fixators.
4. Left olecranon malunion.
5. Left olecranon retained hardware.

PROCEDURE:
1. 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 olecranon.
4. Hardware removal of left olecranon.

ANESTHESIA: 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 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 humerus and olecranon fixed. In the precop 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 olecranon 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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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 anterior lateral plate was then placed on the ankle and a combination of locking 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 metadiaphysis with good alignment and articular congruity.

The incisions were then irrigated, closed with 0 Vicryl, 2-0 Vicryl and 3-0 nylon and a sterile compressive dressing was placed on the ankle as well as the knee, which was a long leg molded anterior-posterior 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 bone. Final images showed good reduction with good position of the wires. The wires were cut short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 nylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in satisfactory condition. No complications.

MM/MedQ
ID: 03/16/2015 12:52:58
DT: 03/16/2015 16:24:33

MICHAEL MONROE, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929063215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 375482/647700527

DICTATED BY: MICHAEL MONROE, MD

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

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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:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INGALLS, 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 Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911935

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 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 exam 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 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
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 0018 - TR CT BRAIN 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:

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. The visualized paranasal sinuses 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 VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9529043215

Date of Birth: 10/26/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6811939

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 -- 6811939

CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 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 nonunion of the posterior C1 ring.

There is moderate to severe left C3-C4, mild right C4-C5 and mild right C5-C6 neural foraminal stenosis.

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

IMPRESSION:

No cervical spine fracture or malalignment noted.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929063215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KOHLS, DEBORAH
Order Number: 6911940

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0161 - TR CT ABD AND PELVIS IV ONLY -- 6911940

CT OF THE ABDOMEN AND PELVIS WITH CONTRAST:

CLINICAL HISTORY: Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femurs, 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.

CONTRAST: Iodinated intravenous contrast

FINDINGS:

Lung bases: Unremarkable.
Liver: Normal.
Gallbladder: Normal.
Biliary tree: No ductal dilatation.
Pancreas: Normal.
Spleen: Normal.
Adrenal glands: Normal.
Kidneys: Normal, without urolithiasis 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.
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 mesenteric hematoma identified.
Retroperitoneum: The retroperitoneum is unremarkable.

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Aorta: Normal in caliber.
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 ramus fracture contains a small component of the anteroinferior 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 cm 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 foramen. 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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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: NIELS, DEBORAH
Order Number: 6911941

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:25
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

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

CTA 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 contrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nonionic iodinated 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:

Nonvascular findings:
Refer to the dedicated CT abdomen pelvis study for a discussion of the left pelvis fractures. There is moderate diastasis 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 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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Traumatic 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 Wagoner by Jerrell Ingalls M.D. on 2/7/2015 2:36 AM PST.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9829043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911943

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 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.

CONTRAST: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no pneumothorax, pleural effusion, pericardial effusion, lymphadenopathy or mediastinal hematoma. Thoracic aorta is normal.

Fracture noted in the left lateral fifth rib.

IMPRESSION:

Fracture noted in the left lateral fifth rib.

Bilateral lower lobe atelectasis noted.

Unremarkable exam otherwise. Normal thoracic aorta.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

XR HUMERUS

HISTORY: Pain

COMPARISON: None.

TECHNIQUE: Left humerus, 2 views.

FINDINGS:

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

IMPRESSION:

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

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0140 - TR CT THORACIC SPINE REGIONS -- 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 alignment.

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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929042215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIELS, 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, HUBERT on 03/07/2015

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

Lumbar spine CT

Information: Trauma

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 hardware failure noted.

Streak artifact compromised examination.

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

There is mild degenerative disk disease at L2-L3, L3-L4 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:

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INZALLS, JERRELL
Dictated on: 03/07/2015 at 01:26
Signed and Finalized by: INZALLS, JERRELL on 03/07/2015

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

XR TIBIA 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: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

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: INGALLS, JERRELL on 03/07/2015

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

XR FEMUR

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 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 pubic ramus fracture is evident with 5 mm of inferior displacement of the ischial 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.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9529063215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH
Order Number: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 01:32
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:32AM
PROCEDURE: TRD 0045 - TR FOOT LIMITED (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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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2261

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KOELS, DEBORAH
Order Number: 6911979

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH
Dictated 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

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 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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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KIELS, DEBORAH
Order Number: 6911980

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 02:29
Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM
PROCEDURE: TRD 0047 - TR FOREARM (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 olecranon process site. This extends to the trochlear notch. The olecranon process fragment is proximally displaced 7 mm. No additional fracture identified. An overlying fiberglass splint limits assessment of osseous detail. Circumferential elbow and forearm soft tissue swelling is evident.

IMPRESSION:

1. Mildly displaced proximal ulnar fracture.

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(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: TRCE:0201
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, MICHAEL
Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL
Dictated on: 03/07/2015 at 04:57
Signed and Finalised by: INGALLS, JERRELL on 03/07/2015

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

INTRAOPERATIVE FLUOROSCOPY: 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(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.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHKHI, HASANALI
Order Number: 6912114

Order Date: 03/07/2015

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

Exam Charge Date: Mar 7 2015 8:30AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6912114

XR CHEST 1 VIEW

HISTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

FINDINGS:

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. 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 exams.

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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: IT:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: KHASHAJI, HASANALI
Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYE, STEPHEN
Dictated on: 03/07/2015 at 10:21
Signed and Finalized by: HOYE, STEPHEN on 03/07/2015

Exam Charge Date: Mar 7 2015 10:21AM
PROCEDURE: TRD 0064 - TR HIP 1 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 pubic 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 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 pubic 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, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SALDANHA, 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

Exam Charge Date: Mar 7 2015 8:33PM
PROCEDURE: TCT 0145 - TR CT PELVIS RECONS -- 6912534

CT PELVIS RECONSTRUCTION

INDICATION: Fracture.

COMPARISON: None.

TECHNIQUE: Contiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the axial data set. Utilizing 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 acetabular fracture with posterior left hip dislocation.

IMPRESSION:

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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: 1T:8040-1
Encounter: 9329043215

Date of Birth: 10/28/1970
MRN: 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
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.

IMPRESSION:

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

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: IT:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: SYLVAIN, GERALD
Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINGH, SUKHJINDER
Dictated on: 03/08/2015 at 12:05
Signed and Finalized by: SINGH, SUKHJINDER on 03/08/2015

Exam Charge Date: Mar 8 2015 12:05PM
PROCEDURE: XRS 0081 - 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: 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.

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1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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, JIMMY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:48PM
PROCEDURE: XXX 0086 - OR 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 ORIF of the left humerus and proximal ulna.

Fluoroscopy time: 5.3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION: \

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: IT:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONICOLL, 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.

FINDINGS:

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

IMPRESSION:

No acute findings. Stable examination.

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: 1T:8040-1
Encounter: 9929043215

Date of Birth: 10/28/1970
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 Finalised by: HSU, FRANK on 03/11/2015

Exam Charge Date: Mar 11 2015 2:56AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6914224

XR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Cardiac and mediastinal silhouettes are unchanged from the previous examination. Endotracheal tube is at the level of the head of the clavicles . Nasogastric 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. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location: BCDN:1316-01
Encounter: 9529043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONICILL, CHRISTOPHER
Order Number: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MUIR, BENJAMIN
Dictated on: 03/13/2015 at 00:03
Signed and Finalized by: MUIR, BENJAMIN on 03/13/2015

Exam Charge Date: Mar 13 2015 12:03AM
PROCEDURE: RAD 0020 - CHEST PORTABLE -- 6915572

XR 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: 11/13/2015.

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.

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DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Patient Name: FIGUEROA, DAVID
Sex: M
Location:
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, MICHAEL
Order Number: 6918391

Order Date: 03/16/2015

Interpreting Radiologist: KYER, KEVIN
Dictated on: 03/16/2015 at 12:48
Signed and Finalized by: KYER, KEVIN on 03/27/2015

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: XXX 0010 - OR ANKLE LIMITED (LEFT) -- 6918391

History: Left ankle fracture.

Findings: 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.

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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: BCUN:1316-01
Encounter: 9929043215

Date of Birth: 10/28/1970
MRN: 0001906211

Ordering Physician: MONROE, 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

Exam Charge Date: Mar 16 2015 12:48PM
PROCEDURE: SUG 0030 - OR ELBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FLUOROSCOPY: 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.

Fluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.

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

ADMITTED: 03/07/2015

TRANSFERRED: 03/20/2015

ADMISSION DIAGNOSES:
1. Status post motorcycle crash.
2. Multiple left-sided pelvic fractures with hip dislocation and femoral head fractures.
3. Left-sided comminuted tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
4. Significant loss of tissue and degloving injury to the anterior aspect of the left knee.
5. Left humerus fracture and olecranon fracture in conjunction with laceration of the left elbow.
6. Left 5th rib fracture.
7. Focal sigmoid fat stranding on CT scan.
8. Injury to the left popliteal artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:
1. Status post motorcycle crash.
2. Left pelvic fractures including acetabulum, femoral head, inferior pubic, status post ORIF.
3. Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
4. Left comminuted tib-fib fracture with proximal tib-fib diastasis with anterior tibial artery injury, status post ORIF on March 9th.
5. Left 5th rib fracture, stable.
6. Left humerus and olecranon fracture, open, status post ORIF on March 9th and revision on March 18th.
7. Degloving injury of the left knee with open fracture, status post reduction.
8. Sigmoid fat stranding with benign abdominal exam. No evidence of bowel injury.
9. Paresthesias of the left lower extremity, likely secondary to severe injury, stable.

DIAGNOSTIC STUDIES:
1. 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.
2. A CT of the abdomen and pelvis with IV 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 hematoma identified.
3. 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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mild right C4-5, and mild right C5-6 neural foraminal stenosis.
4. CT of the chest, with contrast, March 7, 2015: Fracture noted in the left lateral 5th rib. Bilateral lower lobe atelectasis noted.
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. CT of the lumbar spine, March 7, 2015: No evidence of lumbar spine fracture. Postoperative changes at L5-S1 noted.
8. Left humerus x-ray, March 7, 2015: Humeral diaphyseal 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. Femur x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic subluxation/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 phalanx of the 1st digit as described.
16. CT pelvis reconstruction, March 7, 2015: Comminuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEDURES:
1. Open left knee dislocation with femoral head fracture, left tib fracture with multiple comminuted distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
2. Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration, March 7, 2015.
3. Closed reduction left knee, external fixation application femur 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.
4. Left popliteal artery repair with reverse saphenous vein interposition graft, open vein harvest from right lower extremity, March 7, 2015, per Dr. Quynh Peikes.
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 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 fixation of left tibial pilon fracture, external fixator removal from tibia and fibula, revision open reduction, internal fixation of left olecranon, hardware removal of left olecranon, March 16, 2015, per Dr. Michael Monroe.

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HOSPITAL COURSE: Mr. Figueroa is 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 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 vascular repair and extensive orthopedic repair, per orthopedic surgery and vascular surgery. The patient was admitted into our intensive care unit initially. 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 consulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilized 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.

CONDITION: Stable.

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

HOSPITAL MEDICATIONS:
1. Tylenol 650 milligrams oral q.6 hours p.r.n.
2. Lovenox 40 milligrams subcutaneously before bed for DVT prophylaxis.
3. MiraLAX powder 17 grams by mouth daily. While on narcotics.
4. Zofran 4 milligrams IV q.4 hours p.r.n. nausea.
5. Robaxin 1000 milligrams by mouth q.i.d. for muscle spasms.
6. Oxycodone 15 milligram tablets q.4 hours p.r.n. breakthrough pain.
7. Hydroxyzine 25 milligrams q.6 hours p.r.n.
8. Oxycodone 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. Nexium 20 milligrams by mouth before breakfast.
11. Aspirin 81 milligrams by mouth daily.

DIET: Regular as tolerated.

FOLLOWUP:
1. Patient is to follow up with Dr. Monroe in 2 weeks.
2. 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,

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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.

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

ESMERALDA CLARK, APN

NICHOLE INGALLS, MD

PATIENT: FIGUEROA, DAVID ACCOUNT#: 9929043215
MR#: 0001906211
ADM DATE: 03/07/2015
JOB#: 759119/648132663
PHYSICIAN: NICHOLE INGALLS, MD
DICTATED BY: ESMERALDA CLARK, APN

TRANSFER SUMMARY

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

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1TRMRCD

ACCT: 9929043216 DOB: 10/28/1970
FIGUEROA
DAVID MANUEL 44Y M
MRN: 0001996211 ADM: 03/27/15

TRAUMA TELEMETRY RECORD

MFLI01263 (07/31/14) Page 1 of 1

0040

1. DOES PATIENT MEET TRAUMA FIELD TRIAGE CRITERIA? ☐ Yes ☐ No
2. CHOOSE ONE: ☐ Full ☐ Intermediate ☐ Burn Activation ☐ ED Eval
3. INTER-FACILITY TRANSFER? ☐ Yes ☒ No
4. BEDSIDE ACTIVATION? ☐ Yes ☐ No

DATE: 3/27/15 TIME: 0941 ETA: 7
UNIT: 697

Arrived via:
☐ AMR ☐ MW ☐ LVFR ☐ HPD ☐ CCFD
☐ NLVFD ☐ Mercy Air ☐ Guardian Air
☐ Other:

AGE: 44 SEX: ☐ Male ☐ Female

PRE-HOSPITAL CARE

☐ C Spine ☐ Back Board
☐ O2 via: _____ @ _____ L/min
☒ IV:
☐ Medication(s):
☐ Other:

VITAL SIGNS

BP: 7 P: 110 R: 18 O2 Sat: 100% GCS: 15

MECHANISM OF INJURY

☐ MVC - Versus: _____ / _____ mph
☐ Ext Damage > 18 inches PCI & Location: _____
Apparatus: ☐ Restrained ☐ Unrestrained ☐ Air Bag deployed ☐ Car Seat
Victim Location: ☐ Driver ☐ Passenger → ☐ Front ☐ Back
Impact Type: ☐ Rear-ended ☐ Rollover ☐ T-Boned (driver side) ☐ Front End ☐ Head On ☐ T-Boned (passenger side)
☐ AUTO vs. PEDESTRIAN - _____ mph → ☐ at least 20 mph
☐ MOTORCYCLE ☐ ATV ☐ BICYCLE ☐ WATERCRAFT
☐ Versus: _____ @ _____ mph ☐ Separation ☐ Helmet
☐ FALL - Distance: _____ On to: SOYD
☐ PENETRATING INJURY - ☐ GSW ☐ Stab Wound
☐ Other: _____
☐ ASSAULTED - With / By: _____
☐ AMPUTATION: _____ ☐ CRUSH: _____
☐ INHALATION INJURY: _____ ☐ BURN: _____ %
☐ OTHER: _____ LOC + -

CHIEF COMPLAINT

☐ Head ☐ Abdominal ☐ Neck ☐ Back ☐ Chest ☒ Extremities Lt leg ☐ Anticoagulants

BURN ACTIVATION CRITERIA

☐ Patient 15 years of age or older - 2nd DEGREE BURNS OR GREATER WITH AT LEAST 20% TBSA

FULL ACTIVATION CRITERIA

PHYSIOLOGICAL CRITERIA (Attributable to Trauma)

☐ Glasgow Coma Score is 12 or less
☐ Confirmed Systolic BP is 90 mmHg or less at any time in adults and 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

☐ Flail Chest
☐ Penetrating injury to head, neck, chest, abdomen or pelvis
☐ Traumatic paralysis
☐ Obvious skull or pelvic fracture (due to blunt trauma)
☐ Amputated, crushed, de-gloved or mangled extremity proximal to wrist or ankle

INTERMEDIATE CRITERIA

☐ Ejection of patient from motor vehicle
☐ Passenger compartment intrusion (12 inches on patient side OR 18 inches any other area within the passenger compartment)
☐ Pedestrian or cyclist hit by vehicle traveling greater than 20 mph
☐ Fall of greater than 20 feet
☐ Fall of > 3 times a child's height (age < 14 years)
☐ Rollover, patient unrestrained
☐ Motor vehicle crash with death of same vehicle occupant
☐ Motorcycle or personal watercraft crash greater than 20 mph
☐ Combination trauma with burns greater than 10% or inhalation injuries
☐ Prolonged extrication (20 minutes or longer)
☐ Penetrating injuries to the extremities, proximal to the knee or elbow

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Additional Information: _____

ER Physician Name: Dr Berkeley Physician / RN Signature: _____
☐ Conferred with Dr. _____ regarding Activation Status

ORIGINAL: Chart COPY: Register

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

002952 001
002989

UMR
A UnitedHealthcare Company

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

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TX Result Report

P 1
05/21/2015 14:36
Serial No. A5C4011103587
TC: 213089

Addressee	Start Time	Time	Prints	Result	Note
819252976655	05-21 14:35	00:01:12	004/004	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FKE:Frame Erase TX,
DSP:Page separation TX, MTX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
F-CODE:F-code, RTX:Re-TX, RLY:Relay, WEK:Confidential, BOL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK:Communication OK, S-OK:Stop Communication, PW-OFF:Power Switch OFF,
TEL:RX from TEL, NG:Other Error, CONT:Continue, NO ANS:No Answer,
REFUSE:Receipt Refused, BUSY:Busy, M-FULL:Memory Full, LOVR:Receiving length Over,
PGOVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

CARDON OUTREACH®

Cardon Outreach
172 East 14600 South
Draper, Utah 84020
Phone: 801.256.1900 Ext. 10519 Fax: 801.256.1904
E-Mail: ncox@cardonoutreach.com

FAX

Date: May 21, 2015
Send To: 925-297-6655
Attention: REBECCA

From: Nathan Cox
Phone #: 801-256-1900 ext. 10519
Tax ID#: 942854057

Total Pages Including Cover: 4

Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☒ For Your Information ☐

Comments:
May 21, 2015

Reference # DUANE DAHL

Patient: ALLYSIA DAHL
Hospital Account #: 14484030436
Provider: IBEW WESTERN UTILITY
Subscriber ID: 383677951O
Total Charges: $4,380.09
Date of Service: 06/24/2014
Appeal Type: EOB FROM PEHP
Provider Tax ID: 942854057

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~~Acct #~~

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID	F	FIGUEROA FIGUEROA	10-28-70	☒ M ☐ F	
Home Address			Age	Height	Weight	Social Security Number
5207 SPARKLING VINE AVE			44	6'2"	240	055 72 9552
City	State	Zip	Telephone		
LAS VEGAS	NV	89131	347-682-6476		
Physical Address	City	State	Zip	Primary Language Spoken	
S/A				ENGLISH	
INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred	
UMR		POLICE OFFICER	
Employer's Name/Company Name	Telephone	
LVMPD	702-828-3111	
Office Mail Address (Number and Street)		
400 S. MARTIN LUTHER KING BLVD LV, NV 89106		

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015	am pm	03/07/2015		R. JOHNSON

Address or Location of Accident (if applicable)
MARTIN LUTHER KING & CAMINO EL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (If applicable)
Driving

How did this injury/or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (If applicable)
TYLER MCMEANS

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Employee's Signature Date Place UMC

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: Uhc Trauma — Name of Facility: University Medical Center

Date: 3-7-15 — Diagnosis and Description of Injury or Occupational Disease: Right clavicle fx, Displaced L-5 TP fx, Pulmonary contusion

Hour: 245 AM — Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☒ No ☐ Yes (If yes, please explain)

Treatment: Xrays + Electrocardiogram OR Ticu Admit

Have you advised the patient to remain off work/time loss or modified duty? ☒ Yes Indicate dates: from 3/7/15 to To be determined ☐ No If so, is the injured employee capable of: ☐ full duty ☐ modified duty

Any Fractures: Right clavicle fx, Displaced L-5 TP fx

If modified duty, specify any limitations/restrictions: to be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date: 3/7/15 — Print Doctor's Name: [illegible]

I certify that the employee's copy of this form was mailed to the employer on:

Address: 1800 W. Charleston Blvd

City: LV — State: NV — Zip: 89102 — Provider's Tax I.D. Number: [illegible] — Telephone: 702 383 2400

Doctor's Signature: [illegible] — Degree: MD

INSURER'S USE ONLY

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ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev.01/03)

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
Las Vegas Metropolitan Police Department	Law Enforcement	886000028	UNK

Office Mail Address	Location ... if different from mailing address	Telephone
400B S MARTIN LUTHER KING 435	SAME	702-828-3406

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
LAS VEGAS	NV	89106	LVMPD	CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
DAVID		FIGUEROA	[redacted]	10/28/1970	44	English

Home Address (Number and Street)	Sex	Marital Status
5207 SPARKLING VINE AVE	☑ Male ☐ Female	☐ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (if applicable)	How long has this person been employed by you in Nevada?
LAS VEGAS	NV	89131	☑ Yes ☐ No	11/05/2006

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed:
NV	POLICE OFFICERS AND DRIVERS	PATROL DIVISION

Telephone	Is the injured employee a corporate officer? ... sole proprietor? ... partner?	Was employee in your employ when injured or disabled by occupational disease (O/D)?
702-943-0636	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☑ Yes ☐ No

ACCIDENT OR DISEASE

Date of Injury (if applicable)	Time of injury (Hours, Minute AM/PM) (if applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
03/07/2015	00:25	03/07/2015	R JOHNSON

Address or location of accident (Also provide city, county, state) (if applicable)
MARTIN LUTHER KING/CAMINO DE NORTE
LAS VEGAS CLARK NV

Accident on employer's premises? (if applicable) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
RIDING A MOTORCYCLE

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.
ANOTHER MOTORIST MADE AN UNSAFE TURN STRIKING THE MOTORCYCLE AND RIDER. MULTIPLE FRACTURES AND DISLOCATIONS. LEFT ARM, ELBOW, RIBS, HIP, LEG, KNEE, ANKLE.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable)
MOTORCYCLE ACCIDENT

Part of body injured or affected
MULTIPLE BODY PARTS - NOC

If fatal, give date of death

Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)
SPECIFIC INJURY - FRACTURE

Witness
Witness Name: T MCMEANS

Witness
Witness Name: NLVPD DR#1

Witness

Was there more than one person injured in this accident? (if applicable) ☐ Yes ☑ No

Did employee return to next scheduled shift after accident? (if applicable) ☐ Yes ☑ No

Will you have light duty work available if necessary? ☑ Yes ☐ No

If validity of claim is doubted, state reason
UNK

Location of Initial Treatment
UMC

Treating physician/chiropractor name
DEBORA KELLER

Emergency Room ☑ Yes ☐ No

Hospitalized ☑ Yes ☐ No

IMPORTANT

How many days per week does employee work? 4

From 1430 To 0030

Last day wages were earned
03/07/2015

Scheduled days off: S ☐ M ☐ T ☑ W ☑ T ☑ F ☐ S ☐ Rotating ☐

Are you paying injured or disabled employee's wages during disability? ☑ Yes ☐ No

IMPORTANT LOST TIME INFO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
11/05/2006	UNK	UNK	UNK

Was the employee hired to work 40 hours per week? ☑ Yes ☐ No If not, for how many hours a week was the employee hired?

Did the employee receive unemployment compensation any time during the last 12 months? ☐ Yes ☐ No ☑ Do not know

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 attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay period ends on: ☐ SUN ☐ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☑ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ UNK per ☑ Hr ☐ Day ☐ Wk ☐ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Olga Clark Date: 3-10-15

Insurer Use Only

Claim is: ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party

Deemed Wage

Account No. 15D34E729659

Class Code

Claims Examiner's Signature

Date

Status Clerk

Date 3/10/15

Form C-3 (rev.11/05) ORIGINAL – EMPLOYER PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYEE

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT

1. Event #: 150307-0108

PART ONE STATEMENT OF INJURED EMPLOYEE

2. Name: (Last name, First name)	3. P#:	4. Sex:	5. Date of Hire:	6. Date of Birth:	7. SS#: (Required)
Figueroa, David	9693	☑ Male ☐ Female	11/05/2006	10/28/1970	[redacted]

8. Home Mailing Address (#, Street, Bldg/Apt. #, City, State & Zip): 5207 Sparkling Vine Ave. Las Vegas, NV 89131

9. Phone #(s)	10(a) Bureau of Assignment:	11. Classification:	12. Regular Work Hours:
Home: 702-943-0636	Boiden Area Command	PO-II	1430-0030
Cell: 347-682-6476	10(b) Section or Detail of Assignment: BA-33	13. Marital Status: ☐ Single ☐ Married	14. RDO's: TWT

15. Injury/Illness/Exposure:	16. Reported to Supervisor:	17. Left Shift:
Date: 03/07/2015 Time: 0025	Date: 03/07/2015 Time: 0028	Date: 03/07/2015 Time: 0030

NOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and employment.

18. Address and location of occurrence: (Give sufficient Detail): Camino El Norte & W. La Madre Way

19. Was first aid provided? Yes, NVLFD

20. Action: ☐ Doctor's Care ☐ E.R. Care Only ☑ Hospitalized ☐ No Action Taken

21. Body part(s) affected/injured/exposed: Left arm, elbow, ribs, hip, leg, knee, ankle

22. Nature of injury/exposure sustained: (scratch, cut, bruise, strain, exposure, etc.): Multiple fractures and dislocations

23(a). What were you doing when the accident occurred? (Chasing a suspect, walking down stairs, driving, etc?): Riding a motorcycle

23(b). How did the injury/illness/exposure occur? (Explain in Detail): Another motorist made an unsafe turn striking the motorcycle and rider

24. Did the accident happen in the normal course of work? ☐ Yes ☑ No - Explain: Riding motorcycle to become re-acclimated to motors

25. Did you return to next scheduled shift after accident? ☐ Yes ☑ No - What date?

26. Lost Time: ☐ No ☑ Yes - Last day worked after injury: 03/06/2015 If yes, disability slip from physician available? ☑ Yes ☐ No

27. Have you had previous injury/exposure to body part(s) mentioned? (Explain): No

28. How might this injury/illness/exposure have been prevented?: Unknown. Other driver possibly DUI.

29. Specify what equipment, objects or substances were involved (include personal protective equipment used): Boots, pants, leather riding jacket, helmet

30. Was anyone else involved? ☐ No ☑ Yes - List names of others involved: 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 signature on this document acknowledges that they have received a copy of this document including a brief description of their Rights and Benefits under NRS 616 and 617 included with this document.

32. Employee's Signature: unable to sign, hospitalized. Date: 03/07/2015

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 detail at 828-3696.

PART TWO REPORT OF INVESTIGATION BY SUPERVISOR

33. Why did injury/illness/exposure occur?: Figueroa, V-2, recently advised that he would be returning to Motors. He was becoming re-acclimated when struck by another motorist.

34. What unsafe condition or act caused or contributed to injury/illness/exposure?: Driver of V-1 possibly DUI. The investigation is on-going.

35. Corrective action taken or recommended to prevent recurrance: No recommendations at this time.

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36. Is there any reason to doubt the validity of the claim? ☑ No ☐ Yes - What reason?

37. If traffic accident, was the other party cited? ☑ No ☐ Yes - Attach copy of the traffic accident report

NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):	Supervisor's Signature:	Date:
Johnson, Robert P# 4395	[signature] SAT 4395	03/07/2015

PART THREE BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS

Bureau Commander's Signature	Date:	Deputy Chief's Signature	Date:

Comments: | Comments:

Note: Please fax directly to Health Detail at 828-1509 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 (888)333-1507 Web Site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

LVMPD 26 (Rev. 10/11) INFOPATH 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 titled "Claim for Compensation (Form C-4)

03/07/2015 23:44 7028283152 LVMPD BAC PAGE 01/01

150307-0108

~~Active~~

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FIGUEROA	10-28-70	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
5207 SPARKLING VINE AVE	44	6'2"	240	

City	State	Zip	Telephone
LAS VEGAS	NV	89131	347-682-6476

Physical Address	City	State	Zip
S/A			

INSURER	THIRD-PARTY ADMINISTRATOR	Primary Language Spoken
UMR		ENGLISH

Employer's Name/Company Name	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred	Telephone
LVMPD	POLICE OFFICER	702-828-3111

Office Mail Address (Number and Street) 400 S. MARTIN LUTHER KING BLVD LV, NV 89106

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015	am pm	03/07/2015		R. JOHNSON

Address or Location of Accident (if applicable)
MARTIN LUTHER KING & CAMINO EL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (if applicable)
DRIVING

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable)
TYLER MCMEANS

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date

Place UMC

Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place UMC Trauma

Name of Facility University Medical Center

Date 3/7/15

Diagnosis and Description of Injury or Occupational Disease (Fracture, Dislocation, Sprain, Contusion, Abrasion, Laceration, Puncture, Burn, Concussion, Inflammation, Hernia, Occupational Disease, Cumulative Trauma, Aggravation, Etc.)
Head injury, closed fracture of left tibia, L3 burst fracture

Hour 2:45 pm

Treatment Sutures + electrodes OR + closed not.

X-Ray Findings: Left tibia fracture as above.

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (If yes, please explain)

Have you advised the patient to remain off work five days or more?
☒ Yes Indicate dates: from 3/7/15 to To be determined
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty

If modified duty, specify any limitations/restrictions: to be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date 3/7/15

Print Doctor's Name [illegible]

Address 1120 W Charleston Blvd

I certify that the employer's copy of this form was mailed to the employer on:

City	State	Zip	Provider's Tax I.D. Number	Telephone
Las Vegas	NV	89102	[illegible]	702 383 2420

Doctor's Signature [signature]

Degree MD

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CCMSI - LVMPD

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev. 01/03)

Acct ##

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
DAVID		FIGUEROA	10-28-70	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
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LAS VEGAS	NV	89131	347-682-6476

Physical Address	City	State	Zip	Primary Language Spoken
S/A				ENGLISH

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
UMR		POLICE OFFICER

Employer's Name/Company Name	Telephone
LVMPD	702-828-3111

Office Mail Address (Number and Street) 400 S. MARTIN LUTHER KING BLVD LV, NV 89106

Date of Injury (If applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
03/07/2015	am pm	03/07/2015		R. JOHNSON

Address or Location of Accident (If applicable)
MARTIN LUTHER KING & CAMINO EL NORTE N. LAS VEGAS, NV

What were you doing at the time of the accident? (If applicable)
Driving

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVA

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable)
TYLER MCMEANS

Nature of Injury or Occupational Disease

Part(s) of Body Injured or Affected

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date Place UMC Employee's Signature

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place Name of Facility
UMC Trauma — University Medical Center

Date 3/7/15

Diagnosis and Description of Injury or Occupational Disease
L Hip fx, open L tibia fx, L patella fx, L dislocated L hip, L hip artery injury

Hour 245 PM

Treatment
Admitted + Discharged

OR Incident

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (if yes, please explain)

Have you advised the patient to remain off work five days or more?
☒ Yes Indicate dates: from 3/7/15 to To be determined
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty

Key Findings:
Multiple fractures as above

If modified duty, specify any limitations/restrictions:
To be determined

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date 3/7/15 Print Doctor's Name Deborah Lutes

I certify that the employer's copy of this form was mailed to the employer on:

Address 800 W. Charleston Blvd

City	State	Zip	Provider's Tax I.D. Number	Telephone
LV	NV	89102	[redacted]	702 383 2000

Doctor's Signature Deborah Lutes Degree MD

INSURER'S USE ONLY

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev.01

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15D34E72969
DAVID FIGUEROA, Claimant.	Appeal No: 1511793-MM

NOTICE OF APPEAL AND ORDER TO APPEAR

1. **ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED** that a hearing will be held on a **STACKED CALENDAR** by the Appeals Officer, pursuant to NRS 616 and 617 on:

   DATE: AUGUST 6, 2015
   TIME: 9:30AM STACKED
   PLACE: DEPT OF ADMINISTRATION, HEARINGS DIVISION
   2200 SOUTH RANCHO DRIVE, SUITE 220
   LAS VEGAS NV 89102

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.

3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.

4. **Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.**

5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.

6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.

7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED this 3rd day of June, 2015.

MICHELLE L MORGANDO, ESQ.
APPEALS OFFICER

DOC030

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY ET AL
601 S NINTH ST
LAS VEGAS NV 89101

LVMPD - HEALTH DETAIL
ABIGAIL BUCKLER
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 3rd day of June, 2015.

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
2015 MAY 19 AM 9:24
RECEIVED
AND
FILED

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS, NV 89131

Hearing Number: 1510632-TH
Claim Number: 15D34E72969

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.

Tracey Hagan
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.

SCHEDULED ON
MAY 27 2015
APPEALS DIVISION

1511793-MM

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

THOMAS ASKEROTH ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ABIGAIL BUCKLER
LVMPD - HEALTH DETAIL
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2015.

Dan Baiza
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS, NV 89131

_____/

Hearing Number: 1510632-TH
Claim Number: 15D34E72969

ABIGAIL BUCKLER
LVMPD - HEALTH DETAIL
400 S MARTIN L KING BLVD STE B
LAS VEGAS, NV 89106

NOTICE OF HEARING BEFORE THE HEARING OFFICER

*Pursuant to the **Claimant's** request for a Hearing Officer review of the Insurer's Determination under Chapters 616 and 617 of the Nevada Revised Statutes, you are hereby notified a hearing will be held:*

DATE: ***May 18, 2015***
TIME: ***9:00AM***
PLACE: *Department of Administration, Hearings Division*
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
Phone (702) 486-2525

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Insurer is proper. Failure of the appealing party to attend this Hearing may result in dismissal of the appeal.

NOTE: The Claimant may be represented at the Hearing by a private attorney or may seek assistance and advice from the Nevada Attorney for Injured Worker's at 486-2830. *If you have an attorney or other representative, please confirm with them the date and time for this hearing.*

If you would prefer to testify by telephone, please contact this office one week prior to the hearing date at 486-2525 with the appropriate information. Telephone hearings will generally take place within 1 hour of the time designated for the Hearing (see above).

NOTE: *This Hearing will be scheduled on a **STACKED** calendar.*

Dated this 24th day of April, 2015.

Tracey Hagan
Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF HEARING BEFORE THE HEARING OFFICER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, 89102 to the following:

DAVID FIGUEROA
5207 SPARKLING VINE AVE
LAS VEGAS NV 89131

THOMAS ASKEROTH ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ABIGAIL BUCKLER
LVMPD - HEALTH DETAIL
400 S MARTIN L KING BLVD STE B
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
ATTN BRIGID WYSZOMIRSKI
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 24th day of April, 2015.

Dan Baiza
Employee of the State of Nevada

Nevada Department of Administration Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION
15 APR 22 PM 4:33
RECEIVED
AND
FILED

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	David Figueroa
Address:	5207 Sparkling Vine Ave.
	Las Vegas, NV 89131
SSN:	
Telephone:	

EMPLOYER INFORMATION

Claim Number:	15D34E72969
Employer:	LVMPD
Address:	400 S. Martin Luther King Blvd., Building B
	Las Vegas, NV 89106
Telephone:	

PERSON REQUESTING APPEAL: (circle one) **CLAIMANT** EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: 4/9/15

YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER PER NRS 616C.315 2(a)(b)

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with insurer's determination of letter dated 4/9/15, regarding denial of claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Thomas Askeroth, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:

Name:	CCMSI
Address:	PO Box 35350
	Las Vegas, NV 89133
Telephone:	

Signature

April 22, 2015
Date

SCHEDULED ON
APR 23 2015

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.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

(a) A written determination of an Insurer; or

(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.

1510632-TH

CCMSI

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,

Christina Cabrera

Christina Cabrera
Claims Representative

cc: File/LVMPD/UMC/DIR/GGRM
Enc: D12 / Rights and Benefit

IN THE SUPREME COURT OF THE STATE OF NEVADA

CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT Appellants, vs. DAVID FIGUEROA, Respondent.	Supreme Court Case No.: 78926 District Court Case No.: A-18-779790-J

APPELLANTS' APPENDIX VOLUME 4

DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102-4375
Attorneys for Appellants Cannon Cochran Management Services, Inc. And Las Vegas Metropolitan Police Department

JASON MILLS, ESQ.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102
Attorney for Petitioner David Figueroa

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LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 30 day of October 2019, service of the attached **APPELLANTS' APPENDIX VOLUME 4** was made this date by depositing a true copy of the same for mailing, first class mail, and/or electronic service as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS, BRISBOIS, BISGAARD & SMITH, LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

Electronically Filed
8/21/2018 6:20 PM
Steven D. Grierson
CLERK OF THE COURT

PETN
JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102
(702) 822-4440
(702) 822-4441 fax
Attorney for Petitioner,
DAVID FIGUEROA

DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA, Petitioner, 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, Respondents.	Case No.: A-18-779790-J Department 18 Dept. No.:

PETITION FOR JUDICIAL REVIEW

Comes now, the Petitioner, DAVID FIGUEROA, ("Petitioner"), by and through his attorney, JASON D. MILLS, ESQ., from the law office of JASON D. MILLS & ASSOCIATES, LTD., in the above-entitled Petition for Judicial Review and petitions this Court for judicial review of the Appeals Officer's, MICHELLE L. MORGANDO, ESQ., Decision and Order filed on July 25, 2018, a copy of which is attached hereto as Exhibit A.

Case Number: A-18-779790-J

The interested parties as Respondents to this Petition are the Third-Party Administrator, CANNON COCHRAN MANAGEMENT SERVICES, INC., the Employer LAS VEGAS METROPOLITAN POLICE DEPARTMENT and an Agency of the State of Nevada, THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE.

The instant Petition for Judicial Review is filed pursuant to the NRS 616C.370 which mandates that judicial review shall be the sole and exclusive authorized judicial proceeding in contested industrial insurance claims for compensation for injury or death and pursuant to NRS 233B.130, et seq.

The decision of the Appeals Officer was in violation of constitutional and/or statutory and/or regulatory provisions of Nevada law, was in excess of the authority granted to the Appeals Officer, was based upon errors of law and fact, was arbitrary or capricious in nature, and constitutes an abuse of discretion. The Petitioner, DAVID FIGUEROA, specifically requests, pursuant to NRS 233B.133, that this Court receive written briefs and hear oral argument.

Dated this 21st day of August, 2018.

JASON D. MILLS, ESQ.
Nevada Bar No.:7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102
Attorney for Petitioner
DAVID FIGUEROA

CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 21st day of August, 2018, service of the PETITION FOR JUDICIAL REVIEW was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

David Figueroa
6831 Hillstop Crest Ct.
Las Vegas, NV 89131

LVMPD-Heath Detail
400 S. Martin Luther King Blvd, Ste B
Las Vegas, NV 89106

CCMSI
PO Box 35350
Las Vegas, NV 89133

Daniel F. Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith LLP
2300 W. Sahara Ave, Ste 300, Box 28
Las Vegas, NV 89102

Division of Industrial Relations
Division Headquarters
Ray Fierro, Deputy Administrator
400 W. King St. Ste. 400
Carson City, NV 89703

Department of Administration
Hearings Division-Appeals Office
Michelle L. Morgando, Esq.
2200 S. Rancho Dr. Ste. 220
Las Vegas, NV 89102

Department of Administration
1050 E. Williams St.
Carson City, NV 89701

Patrick Cates, Director
Department of Administration
515 E. Musser St.
Carson City, NV 89701

Adam P. Laxalt, Esq.
Nevada Attorney General
100 N. Carson Street
Carson City, NV 89701

K Cannata
An Employee of Jason D. Mills & Associates, Ltd.

A

NEVADA DEPARTMENT OF ADMINISTRATION

FILED
JUL 25 2018
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of DAVID FIGUEROA 6831 HILLSTOP CREST CT. LAS VEGAS, NV 89131, Claimant.	Claim No.: 15D34E72969 Hearing No.: 1510632-TH Appeal No. : 1511793-MM Employer: LAS VEGAS METROPOLITAN POLICE 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:

FINDINGS OF FACT

1. The claimant has multiple prior industrial claims. Upon information and belief, the first of these claims has a date of injury of August 27, 2010.

2. The claimant had another industrial injury which occurred on March 15, 2011, 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.)

3. Dr. Quaglieri performed a permanent partial disability (hereinafter referred to as "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.)

5. The claimant filed another Form C-4 for his back on December 17, 2012. The 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.)

7. In the instant matter, on March 7, 2015, according to the Form C-4 form, the 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.)

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).

///

///

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.

4. Under NRS 616C.150(1), the claimant has the burden of proof to show that the 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.

5. NRS 616A.030 defines an accident as "... an unexpected or unforeseen event 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 ..."

6. 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."

8. 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.

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:[illegible]-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 life.

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. 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.

13. A second case which is of particular import to the current matter is Tighe. In 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 Tighe 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 Hanstein v. City of Ft. Lauderdale, 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."

17. The instant case is distinguishable from Tighe. To begin with, claimant was 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 Tighe. 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 Tighe 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.

18. On March 7, 2015, claimant was employed as a traffic Police Officer by 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

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))

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.

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.)

30. 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 Tighe, 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

personal choice to carry it with him and was in no way required to have it while he was off duty. Claimant does not satisfy the law enforcement exception to the going and coming rule.

DECISION AND ORDER

The claimant, DAVID FIGUEROA, has failed to establish a compensable industrial claim.

IT IS HEREBY ORDERED that Administrator's April 9, 2015 determination to deny the claim is AFFIRMED.

IT IS SO ORDERED.

DATED this 25th day of July, 2018.

APPEALS OFFICER

MICHELLE L. MORGANDO, ESQ.

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.

Submitted by:

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____
DANIEL L. SCHWARTZ, ESQ.
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2300 W. Sahara Avenue, Ste. 300, Box 28
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Attorneys for Employer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, 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 appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

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Dated this 25th day of July, 2018.

Zoe McGough

Zoe McGough, Legal Secretary II
Employee of the State of Nevada

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and Las Vegas Metropolitan Police Department

DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA Petitioner, v. CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada, Respondents.	CASE NO: A-18-779790-J DEPT. NO.: XVIII

NOTICE OF INTENT TO PARTICIPATE

TO: DAVID FIGUEROA, Petitioner, and

TO: JASON MILLS, ESQ., Counsel for Petitioner.

A COPY OF THE Petition for Judicial Review was received by Respondents, CANNON COCHRAN MANAGEMENT SERVICES, INC. ("CCMSI") and LAS VEGAS METROPOLITAN POLICE DEPARTMENT ("LVMPD") by DANIEL L. SCHWARTZ, ESQ.

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Case Number: A-18-779790-J

ESQ., of LEWIS BRISBOIS BISGAARD & SMITH, LLP, on or about 8/24/2018, and pursuant to NRS 233B.130(3), please take notice that CANNON COCHRAN MANAGEMENT SERVICES, INC. ("CCMSI") and LAS VEGAS METROPOLITAN POLICE DEPARTMENT ("LVMPD") are Respondents in this matter and intend to participate in the Petition for Judicial Review filed by the Petitioner, DAVID FIGUEROA.

DATED this 24 day of August, 2018.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

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CANNON COCHRAN MANAGEMENT SERVICES, INC. AND LAS VEGAS METROPOLITAN POLICE DEPARTMENT

CERTIFICATE OF SERVICE

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 28 day of August, 2018, service of the attached **NOTICE OF INTENT TO PARTICIPATE** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed follows:

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4819-6929-8129.1 / 33307-117 (5th file)

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DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

PEREMPTORY CHALLENGE OF JUDGE

COMES NOW the Respondents, CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as the "Respondents"), by and through their attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, in the above-entitled

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4850-8300-3745.1
33307-117 (5th file)

Petition for Judicial Review and hereby file their Peremptory Challenge to the Honorable Mark B. Bailus, District Court Judge, Department XVIII, pursuant to Nevada Supreme Court Rule 48.1.

DATED this 28 day of August, 2018.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By:

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Attorneys for Respondents
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CERTIFICATE OF SERVICE

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 28th day of August, 2018, service of the attached **PEREMPTORY CHALLENGE OF JUDGE** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed follows:

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4850-8301-3745.1 / 33307-117 (5th file)

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DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

PEREMPTORY CHALLENGE FILING FEE DISCLOSURE

Pursuant to Supreme Court Rule 48.1, filing fees are submitted for parties appearing in the above-entitled action as indicated below:

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4838-213-4673.1
33307-11 (5th file)

Respondents:	CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT (waived)	$223.00
	TOTAL REMITTED	**$223.00**

DATED this 30 day of August, 2018.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

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DAVID FIGUEROA

DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA, Petitioner, 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, Respondents.	Case No.: Dept. No.:	A-18-779790-J XVIII

NOTICE OF REQUEST TO TRANSMIT THE RECORD ON APPEAL

Comes now, the Petitioner, DAVID FIGUEROA, ("Petitioner"), by and through his attorney, JASON D. MILLS, ESQ., from the law office of JASON D. MILLS & ASSOCIATES, LTD., hereby submits a Notice of Request for the agency that rendered the Decision and Order in

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Case Number: A-18-779790-J

the instant matter to transmit the record on appeal to the District Court pursuant to NRS 233B.131.

Dated this 1 day of October, 2018.

JASON D. MILLS, ESQ.
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Attorney for Petitioner
DAVID FIGUEROA

CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 1 day of October 2018, service of the PETITION FOR JUDICIAL REVIEW was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

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An Employee of Jason D. Mills & Associates, Ltd.

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DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XVII (18)

ORAL ARGUMENT REQUESTED

PETITIONER'S OPENING BRIEF IN SUPPORT OF PETITION FOR JUDICIAL REVIEW

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DAVID FIGUEROA

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I.

STATEMENT OF THE ISSUES

1. Did the Appeals Officer fail to properly apply any of three well founded Nevada Supreme Court case law exceptions to the "going and coming" rule that entitle Claimant to a compensable industrial injury claim namely; 1) travel that confers a "distinct benefit" to employers by employees; 2) the "unique nature of law enforcement" and 3) the "control" exerted over Claimant by the Employer at the time of the accident?

II.

STATEMENT OF THE CASE

A. FACTUAL AND PROCEDURAL BACKGROUND

David Figueroa (hereinafter "Claimant") has been employed as a traffic Police Officer with the Las Vegas Metropolitan Police Department since, approximately November 5, 2006. See Record on Appeal (hereinafter "ROA") p. 8, lines 10-19.

On March 7, 2015 Claimant was working at the Bolden Area Command, re-acclimation program. See ROA, p. 10, lines 4-6. Prior to that date, Claimant had a previous industrial injury to his lumbar spine that resulted in a fusion of his L5/S1 spine. See ROA, p. 10, lines 14-25. While his regular duties prior to the first industrial accident (not at issue in this appeal) required Claimant to operate a

motorcycle on the job, the re-acclimation unit duties, did not. See ROA, p. 11 lines 11-23. On the evening of March 7, 2015 Claimant was scheduled to work from 2:30 pm until 12:30 am. See ROA, p. 10, lines 24-25 and p. 12, lines 1-4.

Claimant learned from supervisor sergeant that his captain had determined that the 12-16 week re-acclimation program would not be necessary for Claimant to complete and thus was being returned to his regular working division and traffic duties (effective within his very next shift or two); which being reassigned to his old command would again require riding and operating a police motorcycle cruiser. See ROA p. 13, lines 12-18. In fact, his sergeant had specifically instructed him to leave his shift early that evening at approximately 11:45 pm, so as to get extra time on his motorcycle to ready Claimant for returning to motorcycle duty; expressly to "...get some practice time on your motorcycle...". See ROA p. 24, lines 4-5. Prior to being released early on the evening of March 7, 2015 (and still "on the clock") Claimant's sergeant instructed him "[g]o get time in ["seat time"]. If we need you, be close to your phone." See ROA p. 39, lines 18-20.

Claimant, after changing his clothes, left the Bolden Area Command on his motorcycle, to "get more seat time" as instructed by his superior, was still being paid, and was still "on the clock" at the time he left, and was approximately 1.5 to 2 miles from the Bolden Area Command, when he was involved in a serious motor vehicle collision. See ROA p. 41, lines 15-25.

Claimant was transported to UMC, where he was placed in a medically induced coma for 6 days, and spent a total of 47 days in UMC and Summerlin hospital recovering from his numerous injuries. See ROA p. 20, lines 1-12. Claimant then received additional treatment and corrective surgeries at UCLA Medical Center. See ROA, p. 20, lines 13-25. The injuries were so severe Claimant spent nearly 1.5 years released off-work (not light duty) to recover from the multiple traumas he sustained. See ROA, p. 21, lines 9-16.

On March 7, 2015, a timely C-4 was completed. See ROA p. 215. On April 9, 2015, Claimant's claim was denied. See ROA p. 279-280. Claimant timely appealed and on July 25, 2018 the Appeals Officer filed a Decision and Order affirming Insurer's claim denial. See ROA p. 78-90.

On August 21, 2018 Claimant, through counsel, timely filed his Petition for Judicial Review regarding the Appeals Officer's July 25, 2018 Decision and Order (on file with this Honorable Court).

On October 8, 2018 the Department of Administration, Appeals Office transmitted the Record on Appeal (on file with this Honorable Court).

This PETITIONER'S OPENING BRIEF IN SUPPORT OF PETITION FOR JUDICIAL REVIEW follows.

III.

BRIEF SUMMARY OF PETITIONER'S ARGUMENT

The Appeals Officer committed reversible error when she failed to apply the any of the three applicable exceptions to the "going and coming" rule enumerated by the Nevada Supreme Court; specifically 1) travel that confers a "distinct benefit" to employers by employees; 2) the "unique nature of law enforcement" and 3), and the "control" exerted over Claimant by the Employer at the time of the accident?

IV.

ARGUMENT

A. STANDARD OF REVIEW

The issues of this brief examine whether the Appeals Officer's decision was clear error by failing to apply any of the applicable and enumerated exceptions to the "going and coming rule"; all of which are questions of law, and therefore the standard of review is *de novo*. *See* Law Offices of Barry Levinson, P.C. v. Milko, 124 Nev. 355, 362 (2008). *See also* Howard v. City of Las Vegas, 121 Nev. 691, 693 (2005).

In Nevada this Court evaluates the Appeals Officer's decision for "..clear error or an arbitrary and capricious abuse of its discretion..." and the agency's fact-based conclusions of law "are entitled to deference, and will not be disturbed if

they are supported by substantial evidence." Levinson at 362 citing Jones v. Rosner, 102 Nev. 215, 217, 719 P.2d 805, 806 (1986). Substantial evidence exists if a reasonable person could find the evidence adequate to support the agency's conclusion and the reviewing court may not reweigh the evidence or revisit an appeals officer's credibility determination. Levinson at 362 citing State Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986) and Langman v. Nevada Administrators, Inc., 114 Nev. 203, 209, 955 P.2d 188, 192 (1998).

Purely legal questions, however, are reviewed *de novo*. (Emphasis added). Levinson at 362 citing Howard v. City of Las Vegas, 121 Nev. 691, 693, 121 Nev. 691, 120 P.3 1410, 411 (2005).

Finally the court's review is confined to the record before the agency. Levinson at 362 citing SIIS v. Christensen, 106 Nev. 85, 87-88, 787 P.2d 408, 409 (1990).

B. "TRAVEL THAT CONFERS A DISTINCT BENEFIT TO EMPLOYERS BY EMPLOYEES", AND THE "UNIQUE NATURE OF LAW ENFORCEMENT" (TIGHE HOLDING), AND THE "CONTROL" EXERTED OVER CLAIMANT BY THE EMPLOYER (EVANS HOLDING), CARVES OUT MULTIPLE SEPARATE AND DISTINCT EXCEPTIONS TO THE "GOING AND COMING" RULE, SUCH THAT CLAIMANT'S ACCIDENT HERE SQUARELY RENDERS THIS ACCIDENT WITHIN THE COURSE AND SCOPE OF HIS EMPLOYMENT

The primary question that faced the underlying Appeals Officer is whether Claimant injuries arose out of and in the course of his employment, per NRS 616C.150(1) which states:

> *An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.*

Generally, in Nevada injuries sustained by an employee "going and coming" to his place of employment are not compensable. *See*, Bob Allyn Masonry v. Murphy, 124 Nev. 279 (2008). However, several significant exceptions have been adopted by the Nevada Supreme Court, including: 1) a "special errand"; 2) employees injured on the employer's premises while proceeding to or from work within a reasonable interval before or after work might be entitled to workers' compensation; 3) the unique nature of law enforcement; and 4) travel to or from employment that confers a "distinct benefit" upon the employer such as being "on call" and exerting "control" over employee. Id. at 289 and MGM Mirage v. Cotton, 121 Nev. 396, 401 (2005) and Tighe v. Las Vegas Metro. Police Dept., 110 Nev. 632, 635-636 (1994) and Evans v. Southwest Gas Corp., 108 Nev 1002, 1008 (1992).

Here, in the case at bar, these exceptions to the "going and coming" rule are applicable and were not applied nor adhered to accordance with Nevada law by the Appeals Officer, thus committing reversible error.

It is uncontroverted that Claimant was still "on the clock" when his accident happened at no later than 12:25 am. See ROA p. 278. And because Claimant, as a Police Officer, was still "on the clock", at any time prior to 12:30 am, he had no discretion to refuse a call back summons from his superiors despite being released early on the night of the accident. See ROA, p. 14, lines 2-8. And, Claimant would likely suffer internal affairs investigation and disciplinary repercussions if he so refused such an order while still "on the clock." See ROA, p. 65, lines 23-24, and p. 66, lines 1-6. During his prior 10 year career Claimant was called back approximately five times in similar such situations. See ROA p. 40, lines 7-12. Further, both Claimant and Employer's witness testified that Claimant **would not** be allowed to consume alcohol while still "on the clock", ROA p. 15, lines 4-11, and p. 72, lines 20-25.

Thus, as Evans at 1008, Claimant here was still under the "control" of the Employer at the time of the accident. He was not free to engage in any (legal) action he so chose (such as refusing to return to duty if summoned while still "on the clock" or consuming alcohol even though he

was released early, both of which are expressly forbidden by "on the clock" police officers). Indeed, Claimant's superiors last words to Claimant as he left to get more "seat time" was that he was ordered to "...be close to your phone" in the event his superiors needed him back. ROA p. 39 lines 13-20.

It is also these similar "on call" and the power of the employer to summon back police officers, that are expressly recognized by Tighe:

> *...the unique nature of law enforcement requires us to distinguish it from other types of traditional employment. As Professor Larson noted:*
>
> > *It has been recognized that policemen are "on call" in a special sense. That is, while the usual on-call employee is subject to the possibility of a specific summons emanating directly from his employer, the policeman may be at any moment "called" into duty by events taking place in his presence, whether or not he is technically off duty. Awards have accordingly been made to policemen injured in the course of ordinary going or coming journey.*

Id at 636.

While the Nevada Supreme Court did not adopt an all-inclusive rule to justify the conclusion that all law enforcement are always excluded from the going and coming rule, it did find sufficient facts to support upholding compensability of Tighe's claim. (Tigue, had a police beeper, had been "off duty" and planning an undercover operation with co-workers at a bar, and had an undercover police car with radio when he was injured while driving home "off duty" from the bar). Here, Claimant was still "on the clock" and

being paid for his services, and was conferring a benefit to his Employer (by following orders to ride his motorcycle to get additional "seat time" in preparation for returning to police motorcycle patrol) and Claimant remained under the control of his Employer because his supervisors have the power to summon Claimant back and in this case specifically ordered Claimant that he "keep his phone" close in case they needed him back (as they had approximately five times in the past in Claimant's career). These orders Claimant would have not been able to refuse if he was called while still "on the clock". The Employer also continued to exercise control over Claimant until the he was "off the clock" at 12:30 am, from refraining from drinking alcohol. Claimant's call-sign designation also remained an "on duty" call sign until 12:30 am. See ROA p. 18, lines 5-16. Further, demonstrating the Employers express control over Claimant while he remained "on the clock". Claimant here also had in possession, his duty issue firearm, his duty issue police radio, his duty issue handcuffs, and his duty issue badge. See ROA p. 14, lines 9-19.

While Employer's witness speculated as to the many reasons police officers *may* be released early from their shifts, it was uncontroverted that in *this* case before the court, the Claimant was expressly released early on the night of the accident by his superiors so that he could get additional

"seat time" of riding a motorcycle so as to further prepare him for his soon to be returning to full time on-duty motorcycle patrolling (within the next shift, or two). ROA p. 24, lines 4-5, p. 39, lines 18-20. The supervisor's order confers a benefit to Claimant's employer, that was further preparing Specifically, Claimant was being paid by his Employer to get additional riding time with his motorcycle to assist in getting his skills back up to prepare him to returning to his regular employment duties. And such is a basis for an exception to the "going and coming" rule, set forth in Evans at 1008. Moreover, it is not the nature of who owns the vehicle Claimant drove (here his own motorcycle) but the nature of express and implied control the Employer exerted over Claimant and the benefits being conferred to his Employer.

IV. CONCLUSION

Claimant, a Las Vegas Metropolitan Police officer was severely injured during a motor vehicle accident. An accident so severe he was placed in a coma for 6 days, spent 47 days in the hospital, and was off duty for nearly one and a half years due to this accident. This accident happened, because his employer expressly ordered him to leave the command early to get more "seat time" on his motorcycle such that Claimant would be further prepared to reassume his motorcycle patrol duties within the next shift or two. Claimant remained "on the

clock" being paid, and operating under his on-duty call sign, in possession of his duty issue firearm, duty issue radio, duty issue handcuffs and duty issue badge, when the accident happened just 1.5 – 2 miles from his command center. His supervisor expressly ordered him to "be close to your phone" in the event his supervisor needed to call him back to the command center. Such as happened approximately five times in the past in Claimant's 10 year career. And because Claimant remained "on the clock" he could not refuse such an order to return up to12:30 am the night of the accident if so ordered. Further, if he did refuse to comply with such an order while still "on the clock" Claimant would likely suffer an internal affairs investigation and disciplinary action. The Employer's control over the Claimant was further exerted over him until 12:30 am that night, because while "on the clock" Claimant could not consume alcohol, even if he so desired and would also be punished by his employer if he did drink alcohol while "on the clock".

As set forth above, at the time of the accident (12:25 am, 1.5-2 miles from the command center) because of 1) the benefits being conferred to the Employer by the Claimant, 2) the continuing control the Employer exerted over the Claimant, and 3) the unique nature of law enforcement police officers, renders this Claimant's accident well within founded exceptions to the "going and coming" rule. Thus, this Claimant's injuries arose out of and in the course of his

employment, per NRS 616C.150(1), and Tighe and Evans. By ruling otherwise, the Appeals Officer committed reversible error by not applying these recognized legal exceptions to the "going and coming" rule.

Accordingly, the Appeals Officer's decision and order of July 25, 2018 must be REVERSED as a matter of law.

Dated this 16th day of November 2018

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ATTORNEY'S CERTIFICATE OF COMPLIANCE

I hereby certify that this brief 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) has been prepared in a proportionally spaced typeface using Microsoft Word 2010 in 14 font, Times New Roman.

I further certify that this brief complies with the page limitations of NRAP 32(a)(7) because, excluding the parts of the brief exempted by NRAP 32(a)(7)(c), it does not exceed 30 pages.

I further certify that I have read the foregoing brief, 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 N.R.A.P 28(e)(1), which requires every assertion in the brief regarding matters in the record to be supported by a reference to the page of the transcript or appendix where the matter relied on is to be found.

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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.

Dated this 16th day of November 2018

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CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 16th day of November 2018, service of the **PETITIONER'S OPENING BRIEF IN SUPPORT OF PETITION FOR JUDICIAL REVIEW** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

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* * * *

DAVID FIGUEROA, PETITIONER(S)	Case No.: A-18-779790-J
VS.	DEPARTMENT 28
CANNON COCHRAN MANAGEMENT SERVICES, INC., RESPONDENT(S)	

NOTICE OF DEPARTMENT REASSIGNMENT

NOTICE IS HEREBY GIVEN that the above-entitled action has been randomly reassigned to Judge Ronald J. Israel.

☒ This reassignment follows the filing of a Peremptory Challenge of Judge Mark Bailus on August 28, 2018.

ANY TRIAL DATE AND ASSOCIATED TRIAL HEARINGS STAND BUT MAY BE RESET BY THE NEW DEPARTMENT. PLEASE INCLUDE THE NEW DEPARTMENT NUMBER ON ALL FUTURE FILINGS.

STEVEN D. GRIERSON, CEO/Clerk of the Court

By: /s/ Michelle McCarthy
Michelle McCarthy, Deputy Clerk of the Court

CERTIFICATE OF SERVICE

I hereby certify that this 26th day of November, 2018

☒ The foregoing Notice of Department Reassignment was electronically served to all registered parties for case number A-18-779790-J.

☒ I placed a copy of the foregoing Notice of Department Reassignment in the appropriate attorney folder located in the Clerk of the Court's Office:

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DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

RESPONDENTS' ANSWERING BRIEF

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I.

STATEMENT OF THE CASE

This is a worker's compensation case. On March 7, 2015, the Petitioner, DAVID FIGUEROA (hereinafter "Petitioner") was involved in a motor vehicle accident while driving his personal motorcycle on his commute home from work. The evidence showed that Petitioner's sergeant had given Petitioner and a co-officer (Tyler McMeans) an "early out" for their shift and that Petitioner's accident happened at 12:25 a.m., i.e. five (5) minutes before his shift technically ended at 12:30 a.m. At the time of the accident, Petitioner was driving his personal vehicle, wearing civilian clothes, and although he was carrying service items with him such as his department issued radio, duty weapon, handcuffs, and badge, it was undisputed that Employer LAS VEGAS METROPOLITAN POLICE DEPARTMENT (hereinafter "Employer") did not require that Petitioner have any of those items with him.

Employer's workers' compensation Administrator CANNON COCHRAN MANAGEMENT SERVICES, INC. (hereinafter "Administrator") denied this claim as Petitioner was not performing work at the time of his accident and his injuries were not related to his employment. Petitioner appealed and transferred this matter directly to the Appeals Office.

On May 10, 2017, this matter came on for hearing before the Appeals Officer. Petitioner and Employer's Director of Risk Management, Jeff Roch (hereinafter "Mr. Roch"), gave testimony.

On July 25, 2018, after hearing testimony and receiving written closing arguments from both parties, the Appeals Officer affirmed claim denial, finding that Petitioner had not satisfied his burden to prove that he was injured within the course and scope of his employment.

Petitioner filed this Petition for Judicial Review, contesting the Appeals Officer's July 25, 2018 Decision and Order.

...

...

...

II.

STATEMENT OF THE ISSUES

1. Whether substantial rights of Petitioner have been prejudiced as set forth in NRS 233B.135(3) because the Appeals Officer's Decision and Order filed on July 25, 2018 was:

(a) in violation of constitutional or statutory provisions;

(b) in excess of 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; and

2. Whether the Appeals Officer's Decision and Order was based upon substantial evidence as required by NRS 233B.125.

III.

STATEMENT OF FACTS

The Petitioner has multiple prior industrial claims. Upon information and belief, the first of these claims has a date of injury of August 27, 2010.

The Petitioner had another industrial injury which occurred on March 15, 2011, when he was involved in a motor vehicle accident at the Las Vegas Blvd. and I-95 intersection where he incurred head, neck and back injuries. (Record on Appeal p. 308.)(hereinafter "ROA p. __")

Dr. Quaglieri performed a PPD evaluation for that injury on September 6, 2012 and determined that the Petitioner had an eleven percent (11%) whole person impairment. Based upon this impairment rating, the Petitioner was notified on September 28, 2012 that his claim was being closed with an eleven percent (11%) PPD award. (ROA pp. 309-310.)

The Petitioner filed another C-4 form for his elbows, knees and arm. The alleged injuries occurred from a motorcycle accident the Petitioner was involved in on September 21, 2011. Dr. Quaglieri performed a PPD evaluation addendum for that injury on March 5, 2013. (ROA pp. 311-315.)

The Petitioner filed another C-4 form for his back on December 17, 2012. The Petitioner listed the date of injury as March 15, 2011 and was diagnosed with low back pain. (ROA p. 317.)

The Employer completed a C-3 form on December 18, 2012 and indicated that the Petitioner had stated that he was bending over to pick up a flashlight and felt pain in his lower back. (ROA p. 318.)

In the instant matter, on March 7, 2015, according to the C-4 form, the Petitioner was "driving" and was in an "MVA." (ROA p. 319.)

The Employer completed its C-3 form upon receiving the C-4 form. (ROA p. 320.)

An Injury Report was also completed on March 7, 2015. This report indicated the Petitioner was not in the normal course of his work or duties as a police officer at the time of the incident. (ROA p. 321.)

The Petitioner was notified on April 9, 2015 that his claim was being denied. (ROA pp. 322-323.)

The Petitioner appealed the determination letter of April 9, 2015, regarding claim denial, to the Hearing Officer. (ROA p. 324.) This appeal was transferred directly to the Appeals Office. (ROA p. 325.)

This matter came on for hearing before the Appeals Officer on May 10, 2017. Petitioner and Employer's Director of Risk Management, Jeff Roch (hereinafter "Mr. Roch"), gave testimony. Salient facts from this testimony will be discussed below. (ROA pp. 3-77)

IV.

JURISDICTION

A. Standard Of Review

Judicial review of a final decision of an agency is governed by NRS 233B.135.

> **NRS 233B.135 Judicial review: Manner of conducting; burden of; standard for review.**
>
> 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.

The standard of review is whether there is substantial evidence to support the underlying decision. The reviewing court should limit its review of administrative decisions to determine if they are based upon substantial evidence. North Las Vegas v. Public Service Comm'n., 83 Nev. 278, 29 , 429 P.2d 66 (1967); McCracken v. Fancy, 98 Nev. 30, 639 P.2d 552 (1982). Substantial evidence is that quantity and quality of evidence which a reasonable man would accept as adequate to support a conclusion. See, Maxwell v. SIIS, 109 Nev. 327, 331, 849 P.2d 267, 270 (1993); and Horne v. SIIS, 113 Nev. 532, 537, 936 P.2d 839 (1997).

When reviewing administrative court decisions, the Court has held that, on factual determinations, the findings and ultimate decisions of an appeals officer are not to be disturbed unless they are clearly erroneous or otherwise amount to an abuse of discretion. Nevada Industrial Comm'n. v. Reese, 93 Nev. 115, 560 P.2d 1352 (1977). An administrative determination regarding a question of fact will not be set aside unless it is against the manifest weight of the evidence. Nevada Indus. Comm'n. v. Hildebrand, 100 Nev. 47, 51, 675 P.2d 401 (1984). A

decision by an appeals officer that is based upon the credibility of Respondent and other witnesses is "not open to appellate review." Brocas v. Mirage Hotel & Casino, 109 Nev. 579, 585, 854 P.2d 862, 867 (1993).

In determining whether an administrative decision is supported by substantial evidence, the methodology of the District Court is also well-defined. First, for each issue appealed, the pertinent rule of law is identified. Thereafter, the Record on Appeal is reviewed to determine whether the agency's decision on each issue is supported by substantial factual evidence. State Dep't of Motor Vehicles v. Torres, 105 Nev. 558, 560, 799 P.2d 959, 960-961 (1989).

If the decision of the administrative agency on the appealed issue is supported by substantial factual evidence in the Record on Appeal, the District Court must affirm the decision of the agency as to that issue. On the other hand, a decision by an administrative agency that lacks support in the form of substantial evidence is arbitrary or capricious and, thus, an abuse of discretion that warrants reversal. NRS 233B.135(3); Titanium Metals Corp. v. Clark County, 99 Nev. 397, 399, 663 P.2d 355, 357 (1983).

Substantial evidence has been defined as that quantity and quality of evidence which a reasonable man could accept as adequate to support a conclusion. State Emp't Sec. Dep't v. Hilton Hotels Corp., 102 Nev. 606, 608 at n.1, 729 P.2d 497 (1986). Additionally, substantial evidence is not to be considered in isolation from opposing evidence, but evidence that survives whatever in the record fairly detracts from its weight. Universal Camera Corp. v. NLRB, 340 U.S. 474, 477, 488 (1951); Container Stevedoring Co. v. Director, OWCP, 935 F.2d 1544, 1546 (9th Cir. 1991). This latter point is clearly the significance of the requirement in NRS 233B.135(3)(e) which states that the reviewing court consider the whole record.

While the Court is not required to give deference to pure legal questions determined by the agency, 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).

...

...

V.

LEGAL ARGUMENT

A. Standard at the Appeals Officer Level

It is the Petitioner, not the Respondents, who has the burden of proving his case, and that is by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100 Nev. 567, 688 P.2d 324 (1984); Holley v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

In attempting to prove his case, the Petitioner has the burden of going beyond speculation and conjecture. That means that the Petitioner 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 Petitioner 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. Khweis, 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).

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.

B. The Standard of Review For This Court is Substantial Evidence

Here, the Petitioner failed to establish a compensable claim before the Appeals Officer and he is making the exact same unsuccessful arguments to Your Honor. Indeed the Appeals Officer weighed all of the evidence and concluded that Petitioner's injuries did not arise out of the course and scope of Petitioner's employment. Determining whether an employee is within the course and scope of his/her employment is a fact sensitive determination that this Honorable Court must give deference to. ("[The appeals officer's] decision is based on the conclusion of the appeals officer that appellant was not acting within the course and scope of his employment at the time of his

accident. This conclusion was supported by substantial evidence in the form of appellant's testimony. Under appellant's own version of the facts, the appeals officer could have reasonably concluded that this case does not fall under any exception to the coming and going rule." Schepcoff v. State Indus. Ins. Sys., 109 Nev. 322, 325-26, 849 P.2d 271, 274 (1993))

Petitioner argues that the Appeals Officer failed to apply the law relative to the "going and coming" rule and that this case should be reviewed *de novo*. However, just because the Appeals Officer did not rule in Petitioner's favor does not mean that the law was not applied. The Decision and Order clearly addresses the going and coming rule, acknowledges all the exceptions which Petitioner raises, and finds that none of the exceptions apply. Being unhappy that a decision was not rendered in your favor does not amount to a legal error.

As will be demonstrated below, the Appeals Officer's Decision and Order was based on substantial evidence and a proper application of the law. The Appeals Officer concluded that the Petitioner's injuries did not arise out of and in the course and scope of his employment. That is a fact based finding and the substantial evidence supports the same. To wit, the accident in question occurred while Petitioner was on his commute home while driving his personal motor cycle. (ROA pp. 23:6-24:21) Petitioner was wearing civilian clothes and although he was carrying service items such as his department issued radio, duty weapon, handcuffs, and badge (ROA p. 34:8-36:2), Employer did not require that Petitioner have any of those items with him. Mr. Roch testified that Petitioner *could* have those items on his person if he wanted, but he was not required to have them. (ROA pp. 56:17-57:18) Further, Petitioner testified that it was merely his own personal habit to take those items with him. ("My radio I have an option to leave it in my locker if so be.") In short, there is substantial evidence showing that Petitioner was not acting within the course and scope of his employment at the time of the accident and Your Honor must defer to the Appeals Officer on the same.

C. Definition of Course and Scope of Employment

Under NRS 616C.150(1), the Petitioner has the burden of proof to show that the injury arose out of and in the course and scope of his employment. The Petitioner must satisfy this burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an employee is

only er itled to compensation if he is injured in the course and scope of his employment. Here, the Petitio er was not in the course and scope of his employment when the alleged injury occurred while P etitioner was on his commute home while driving his personal motorcycle.

NRS 616A.030 defines an accident as ". . . an unexpected or unforeseen event happening sudden y and violently, with or without human fault, and producing at the time objective sympto ns of an injury." Furthermore, NRS 616A.265 defines an injury as ". . . a sudden and tangibl happening of a traumatic nature, producing an immediate or prompt result which is establis ned by medical evidence . . ."

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).

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 Petitioner must demonstrate that the origin of the injury is related to some risk involved within the scope of employment.

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

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.).

Here, at the time of the incident, Petitioner 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, the Appeals Officer weighed all of the facts and found that Petitioner was not acting within the course and scope of his employment at the time of the injury.

D. The Going and Coming Rule

The case at bar presents a going and coming rule scenario given that Petitioner was not performing any work for the Employer and was on his commute home at the time of the accident. As a general rule, 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). **"This rule frees employers from liability for the dangers employees encounter in daily life."** MGM Mirage v. Cotton, 121 Nev. 396 (2005)(emphasis added) 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. In Evans, the employee was provided a hand held radio and a radio in his van. 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.***

Note also that Evans is not technically a workers' compensation case. It is a summary judgment case. Ms. Evans was injured when the Southwest Gas employee's van made contact with the school bus that Ms. Evans was driving. Ms. Evans brought a civil action against Southwest Gas but the District Court dismissed the case on summary judgment, finding that the Southwest Gas employee was not acting within the course and scope of his employment at the time of the accident.

On appeal, the Supreme Court exercised *de novo* review (because it was a summary judgment case), and reversed the District Court, finding that, as discussed above, there was evidence that the Southwest Gas employee was acting within the course and scope of his employment at the time of the accident. Therefore, the matter was remanded for trial where the jury could have concluded that the employee was within the course and scope of his employment.

...

A second case which is of particular import to the current matter is Tighe. In 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 Petitioner's claim was denied under the going and coming rule. The Appeals Officer reversed claim denial, finding that the claimant was within the course and scope of this employment. However, on appeal, the District Court reversed the Appeals Officer. The Petitioner appealed to the Supreme Court. The Supreme Court reversed the District Court, finding that the Appeals Officer's decision was supported by substantial evidence. The Court supported its conclusion, noting that two exceptions to the going and coming rule applied to the facts of that case.

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.

Second, the Tighe 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." (emphasis added)(Id.)(citing Hanstein v. City of Ft. Lauderdale, 569 So. 2d 493, 494 (Fla. Dist. Ct. App. 1990).

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."

Note also that unlike Evans, Tighe *is* a workers' compensation case. The administrator denied Mr. Tighe's claim and the Appeals Officer reversed, finding among other things that Mr. Tighe's injuries arose out of and in the course of his employment. The District Court reversed the Appeals Officer, finding it was legal error to conclude that Mr. Tighe's injuries arose out of and in the course of his employment. The Supreme Court reversed the District Court, finding that "there is substantial evidence in the administrative record to find that Tighe's injuries occurred within the course of his employment." Id.

Here, despite Petitioner's ardent request to review this case *de novo*, the Supreme Court has enunciated several times over that this Court must defer to an Appeals Officer's finding on the subject of course/scope of employment. Indeed, when determining whether an exception to the going and coming rule applies, the Appeals Officer must necessarily conduct a weighing of the facts and decide whether the evidence supports the exercise of an exception. As noted above, the Court in Tighe reversed the District Court in that case for invading on the Appeals Officer's purview, holding that the Appeals Officer's decision was supported by substantial evidence. (See also Schepcoff, Id.)

Petitioner argues that the Appeals Officer committed legal error for failing to apply the law respective the going and coming. However, the subject Decision contains a lengthy analysis of the going and coming rule complete with citations to and discussions of both Evans and Tighe which are the only cases which Petitioner alleges were not applied. This Court must not fall for Petitioner's attempt to twist this case from a substantial evidence case into a *de facto* review case.

One need only review the basis of Petitioner's arguments as to why the subject Decision should be reversed to find that he is making purely factual arguments. To begin with, Petitioner makes much of the fact that Petitioner was still on the clock at the time of the accident, could not drink alcohol while he was still on the clock, and alleges that Petitioner testified that he had been called back to work approximately five times after an early out over the course of his ten year career. However, the Appeals Officer heard all of that evidence. The Appeals Officer also heard

that the accident in question occurred while Petitioner was on his commute home while driving his personal motor cycle, that Petitioner was wearing civilian clothes at the time of the accident, that although he was carrying service items such as his department issued radio, duty weapon, handcuffs, and badge Employer did not require that Petitioner have any of those items with him. Indeed the Appeals Officer heard all of this evidence and concluded that Petitioner was not acting within the course and scope of his employment at the time of the accident.

Is there evidence which supports a finding that Petitioner was within the course and scope of this employment? Petitioner thinks there is. However, that inquiry is not before this Court. "While it is true that the district court is free to decide pure legal questions without deference to an agency determination, the agency's conclusions of law, which will necessarily be 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, Id. "Substantial evidence is evidence which a reasonable mind might accept as adequate to support a conclusion." Schepcoff, Id. Thus, even if Your Honor would have weighed this evidence differently, as a court of appeals on a petition for judicial review, this Court must defer to the Appeals Officer in this case absent clear error, of which there is none.

E. Substantial Evidence Supports The Appeals Officer's Decision

Although Petitioner disagrees with the Appeals Officer's Decision, the fact is that the Decision is based on substantial evidence. Petitioner's main argument is that the Petitioner was still under the Employer's control at the time of the accident and therefore, pursuant to Evans and Tighe, this case should have been decided in Petitioner's favor. However, this case is distinguishable from both Evans and Tighe.

To begin with, Petitioner was operating his own personal vehicle at the time of the incident while wearing civilian clothes. Petitioner would have been indistinguishable from any other civilian motorcycle rider. The Employer received no benefit by Petitioner simply being on the road, unlike the undercover "on call" officer from Tighe or the employee in Evans who was *required* to take a company vehicle and company radio to respond to emergencies. 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 both the Tighe and Evans courts found dispositive (i.e. an employer provided vehicle and a mandatory form of radio from the employer) are not present in this case. Petitioner even testified that he is *never* required to use his personal motorcycle while he is on duty (ROA p. 43:23-44:15) and only carries his radio out of personal habit. At the time of the accident, Petitioner was not providing any distinct benefit to his employer and was simply driving home just as any non-law enforcement employee would.

It must also be noted that Petitioner's accident happened at 12:25 a.m. and he was technically still "on the clock" at the time of the accident. Petitioner testified that although his shift ended at 12:30 a.m., he was released early. Mr. Roch confirmed that it is common practice for officers to sometimes be released prior to the official conclusion of their shift but that they would be paid for the entire shift. (ROA pp. 54:18-53:9) He referred to this as an "early out," or "EO."

Petitioner further testified that the reason he was released early was because his sergeant had informed him that he was being released from a re-acclimation program to return to his position with the Traffic Bureau as a motorcycle officer[1] and that the sergeant wanted Petitioner to ride his personal motorcycle to "get some seat time." (ROA pp. 36:24-39:25) Though Mr. Roch was not present for this alleged conversation between Petitioner 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 than seat time on a Metro bike." (ROA pp. 63:12-15)

Furthermore, it should also be noted that Petitioner's co-worker, Tyler McMeans, was working the exact same shift as Petitioner, had been released at the exact same time, was also driving his personal motorcycle, and was traveling close enough to Petitioner at the time of the incident to both witness the incident and speak with the driver who caused the accident. (ROA pp. 39:1-42:22) The Appeals Officer found that this fact drew Petitioner's testimony into question,

[1] Petitioner, who had previously been a motorcycle officer with the Traffic Bureau, had been participating in a re-acclimation program while recovering from a prior work injury. Petitioner had been using an employer provided SUV to perform his job while in the re-acclimation program and he testified that he would be returning to motorcycle duty on either the next shift or the shift after that.

noting that "[s]urely Mr. McMeans was not released early from his shift because *Petitioner* was ordered to 'get some seat time.'" (ROA p. 85:23-24)

To be clear, Employer does not doubt that Petitioner's sergeant said something to the effect that Petitioner should "get some seat time" referring to Petitioner riding his personal motorcycle on the day in question. There is no evidence to the contrary. However, in no way was Petitioner's commute from work on the day in question any different than his commute on any other day. Nor is there any evidence that Petitioner's sergeant explicitly required him to "get some seat time" as a condition of his employment.

It was Petitioner's choice to have a personal motorcycle to commute to and from work. Petitioner 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 Petitioner drives an employer provided motorcycle for work and also drives a different personal motorcycle for his commute is irrelevant to this case. Petitioner'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.

To put a finer point on this subject, if Petitioner's sergeant had ordered Petitioner to use his personal motorcycle for some sort of testing or actual practice course, that would be entirely different. However, as it stands, Petitioner has testified that he has never been asked to use his personal motorcycle for work purposes.

F. Petitioner's Injuries Were Not Connected to His Employment

Petitioner's entire argument is premised on the allegation that Petitioner was still on the clock and therefore Petitioner argues that Petitioner was still under enough of the Employer's control at the time of the accident to render this claim compensable. However, simply being on the clock is not a dispositive factor in the state of Nevada. Indeed, it is a mainstay of the Nevada workers' compensation law that a Petitioner 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 Petitioner in Mitchell, the fact that Petitioner was "on the clock," by itself, does not render this claim compensable. Petitioner must establish a workplace connection to his injury. Here, as established above, there is no work place connection. Petitioner was on his personal motorcycle in civilian clothes while commuting home and happened to be involved in a traffic accident. Petitioner's employment did not contribute to his accident in any way.

Petitioner argues stridently that he would not be allowed to consume alcohol while he was still on the clock and that therefore the Employer was still controlling Petitioner sufficiently to render this claim accepted. This argument is a distraction. Respondent would be shocked if Petitioner could point to a legitimate occupation which allows its employees to consume alcohol while still technically "on the clock." If being prevented from consuming alcohol while on shift were a dispositive factor in determining whether an employee was within the course and scope of his/her employment at the time of an accident, close to 100% of all claims would be accepted if the employee could prove that he/she was on the clock at the time of the accident. Not being able to consume alcohol does not make Petitioner's injuries work related.

The same goes for Petitioner's argument regarding "being close to [his] phone." Petitioner claims that because he testified that his sergeant told him to be close to his phone after his early out, that all actions taken prior to actually being off the clock should be deemed to be work related. However, again, that is not the state of the law in Nevada. Claimants must prove more than simply being at work. The fact that he was still technically on the clock and that Employer arguably had *some* control over Petitioner does not establish that Petitioner's injuries arose out of the course and scope of his employment. Again, the Appeals Officer's decision in this case is inherently fact based and required a weighing of the evidence.

Indeed, Petitioner also goes to great lengths to argue that the temporal coincidence of his accident occurring five (5) minutes before his shift technically ended should be dispositive because Petitioner believed that he could have been called back. However, notwithstanding the fact that Mr. Roch, in his twenty years of service, has never heard of someone getting called back

after an "early out" (ROA p. 55:20-56:16), the shear logistics of Petitioner getting called back on that day are impossible. Petitioner 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 Petitioner a minute before the accident happened and requested Petitioner to come back and finish his shift, it would be physically impossible for him to make it back in time.

Further, Mr. Roch testified that the only time Petitioner would be called in to work when he is off the clock is during a catastrophic/terrorist 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. (ROA pp. 58:20-61:1) Furthermore, Mr. Roch was entirely unaware of any other scenario which would allow Petitioner's supervising officer to simply 'call him in" during Petitioner's scheduled time off. (Id.)

In summation, it is true that Petitioner's subject accident/injury occurred while he 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. Petitioner was 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 compensated for his commute nor was he performing any employment related tasks at the time. There is no workplace connection and Petitioner was not conferring any benefit on his employer at the time of the incident.

Further, there is no "police" connection to Petitioner's accident/injury. Unlike the officer in Tighe, Petitioner 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 Petitioner to be called back in prior to his shift's conclusion and the only reason Petitioner 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 Petitioner made the personal choice to carry it with him and was in no way required to have it while he was off duty. Petitioner does not satisfy the law enforcement exception to the going and coming rule.

Claim denial is proper. This case is a going and coming rule scenario with no exceptions applicable. There is substantial evidence to support the Appeals Officer's Decision to affirm the April 9, 2015 claim denial determination and there is no legal error. This Petition for Judicial Review should be denied.

VI.

CONCLUSION

Based upon the foregoing, the Appeals Officer's Decision and Order was appropriate. The Appeal Officer's Decision and Order was based on sound legal theories and factual conclusions that are amply supported by the record.

Therefore, Respondents respectfully ask this Court to affirm the Appeals Officer's Decision and Order and deny Petitioner's Petition for Judicial Review.

Dated this 17 day of December, 2018.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

I hereby certify that I have read this appellate brief 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), which requires every assertion in the brief regarding matters in the record to be supported by appropriate references to the record on appeal. 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.

Dated this 17 of December, 2018.

Respectfully submitted,

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 17 day of December, 2018, service of the attached **RESPONDENTS' ANSWERING BRIEF** was made this date by depositing a true copy of the same for mailing, first class mail and electronic service as follows:

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DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVII (28)

ORAL ARGUMENT REQUESTED

PETITIONER'S REPLY BRIEF IN SUPPORT OF PETITION FOR JUDICIAL REVIEW

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I.

REPLY POINTS AND AUTHORITIES IN RESPONSE TO RESPONDENT'S ANSWERING BRIEF

A. CORRECT STANDARD OF REVIEW IS DE NOVO, BUT ASSUMING ARGUENDO IT IS 'SUBSTANTIAL EVIDENCE' THE APPEALS OFFICER COMMITTED REVERSABLE ERROR BY NOT APPLYING THE CORRECT LEGAL ANALYSIS OF THE TIGHE AND EVANS CASE LAW AND BY INVENTING AND REYLYING UPON FACTS NOT FOUND IN THE RECORD

The Respondent advances the argument that the correct standard of review is "substantial evidence" and not "*de novo*". *See* Respondent's Answering Brief p. 4, line 16. While this is correct for factual findings, it is not true the Appeals Officer failure to apply the law that must be applied to a case. And such legal issues are reviewed *de novo*. *See* Law Offices of Barry Levinson, P.C. v. Milko, 124 Nev. 355, 362 (2008).

Here, the primary question is whether the Appeals Officer actually applied Nevada law or not. And merely citing case law in her order, does not mean the Appeals Officer applied the law. Hence the standard of review is *de novo*. But even assuming arguendo it is a factual issue, then the record must be supported by "substantial evidence", which it is manifestly clear it is not in the case at bar because of her misapplication of irrelevant facts to reach her legal conclusions.

Specifically, the primary case law that must be applied in the case at bar are the holdings of Tighe v. Las Vegas Metro. Police Dept., 110 Nev. 632, 635-636

(1994) and Evans v. Southwest Gas Corp., 108 Nev 1002, 1008 (1992). Here, the Appeals Officer does cite theses cases, but she did not actually analyze the *holdings* and apply them to the case at bar, consistent with NV Supreme Court analysis and application of those case law exceptions to the "going and coming" rule. The exceptions set forth in Evans and Tighe that the Nevada Supreme Court has adopted apply when there is a distinct benefit is conferred upon the employer by the travel the control the employer is exercising over that employee during the travel and the unique nature of law enforcement. These are the legal issues here that were not applied. Rather, the Appeals Officer simply rattled off irrelevant factual differences between Tighe, Evans and the case at bar but didn't actually apply the Nevada Supreme Court analysis created in Tighe and Evans.

Specifically, the Appeals Officer stated:

"The instant case is distinguishable from Tighe. To begin with, claimant was 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 Tighe.". *See* ROA p. 84, lines 14-17.

This legal conclusion isn't supported by the law or facts. What legal distinction is happening here that allows Tighe to be within the course and scope of employment, but Claimant here to not be in the course and scope of employment?

Tighe was an undercover officer, driving an unmarked car, on the way home. *See* Id at 633. Claimant is a motorcycle officer in civilian clothes, driving an unmarked motorcycle, on the way home. Both Tighe and Claimant are in civilian clothes. Both Tighe and Claimant are in unmarked vehicles indistinguishable from any other civilian motorist. Both Tighe and Claimant are driving home. Going further, Tighe was not being paid and is "off the clock", had actually drank alcohol while off shift, but here the Claimant was still "on the clock" and being paid at the time of the accident and actually precluded from drinking alcohol while "on the clock".

So, is it the ownership of the vehicles and communication devices? No, it is not. The issue is the nature of control that is exercised by the police employer in Tighe and Claimant here. Tighe as a policeman "may be at any moment 'called' into duty by events taking place in his presence whether or not he is technically off duty." Id at 636, citing 1 Arthur Larson, Larson's Workmen's Compnesation Law § 16.17 (1993). This is also true of Claimant. The issue isn't ownership of the vehicle these men drove, or who owned the communication device by which the police employer makes contact with the police officer while travelling home. Of course, while not in a company vehicle equipped with a company radio, here Claimant was specifically commanded "...be close to your phone" in the event his superiors needed him to report back to the station. *See* ROA p. 39 lines 13-20. It is axiomatic that beepers are no longer part of our modern communication systems

like they were back in the days of Tighe; but cell phones are. The legal issue of being controlled by and summonable by the police employer's and that ability to contact the officer and compel him t act while he is en-route home is what matters. That is, to exert their control over their employees' actions. Such is a distinct benefit being conferred to the police employer for such "on call" employees. Whether that communication happens by radio, beeper, or cell phone or some off in the future yet-to-be-invented device, and who owns those particular devices is utterly irrelevant. Thus, the device that carries the communication itself is meaningless. The *control* over that employee is the legally relevant point. As such, there is no meaningful distinction between Tighe and Claimant here, despite the Appeals Officer's conclusive finding the two cases were "distinguishable". A classic scenario of distinctions without relevance.

The Appeals Officer went on to conclude that the "Claimant testified he is never required to use his personal motorcycle while on duty and only carriers 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." *See* ROA p. 84 lines 21-25. Again, failing to apply the control, benefit, and unique nature of law enforcement analysis of Tighe and Evans cases, the Appeals Officer failed to note the obvious… wasn't Tighe just simply driving home just as any non-law enforcement employee would? Of

course, he was. But that wasn't the issue that the Nevada Supreme Court focused on to turn the course and scope question in favor of Tighe; but rather the fact the police employer still had an ability to summon him back to work via the beeper/radio (or here, Claimant by way of cell phone) and the unique nature of law enforcement.

Here, as in in Tighe the unique nature of law enforcement applies because as police officers they can be "called" into duty by events taking place in their presence, whether or not he is technically off duty. *See* Id at p. 636 and ROA at p. 16 lines 9-20. And of course Claimant here was technically still "on the clock". In fact, the Employer's own witness stated that it was the duty of the police officer, (even when off the clock) to "be a good witness" and "call in" anything they may see on the roadways. *See* ROA p. 58 lines 11-14. No such employment duty exists for general members of the public. But such a duty exists for police officers. Further noting the unique nature of law enforcement and the benefit conferred to their employers (being good witnesses to events, and calling in events, presumably confer the benefit of maintaining public order and assisting in criminal prosecutions by providing such services even when off duty).

Evidencing even more control the police employer exercised over Claimant in Claimant's case than in the Tighe case, is here Claimant was still "on the clock" and was expressly precluded from drinking alcohol, even though he was released

early from the station. This is uncontroverted by both the Claimant and Employer's witness that drinking alcohol while still "on the clock" despite being released early was not allowed by the police employer. *See* ROA p. 15, lines 4-14, p. 55, lines 17-19. This is one of the reasons that Claimant made it repeatedly known he was still "on the clock" at the time of his accident. And not because being "on the clock" itself creates a compensable claim -as put forth by Respondent as if that was the reasoning Claimant advanced this point- but because of the level of control the police employer is still exercising over the Claimant. Because while he is "on the clock" he cannot, even if he wanted to, drink alcohol. This is a distinct benefit conferred to the employer to not have a police officer, while released early, to not engage in drinking alcohol, in the event they are needed while still "on the clock". The Appeals Officer simply did not make that connection. Ignored it and didn't explain why she ignored it.

Moreover, while still "on the clock" the Claimant cannot refuse a summon back to the station house if commanded by his supervisor; something that took place roughly five times in the past with the Claimant in his prior 10 years on the job with LVMPD. *See* ROA p. 40, lines 7-12.

The Appeals Officer further improperly concluded without any factual basis, that it would be "impossible" for the Claimant to be summoned back to work. *See* ROA p. 87 lines 20-27. No one testified this would be impossible. Not the

Employer's witness, not the Claimant. This is simply made up, out of thin air, by the Appeals Officer. Indeed, the Employer's witness merely opined it would be "fairly tough" to summon him back but conceded agreed it would be possible that it could happen. *See* ROA p. 60, lines 10-18. And indeed, Claimant testified it had happened approximately five times over his prior 10 year career. *See* ROA p. 40, lines 7-12. Thus, Employer's witness said it would be tough but possible, and Claimant testified it happened approximately five times in the past. Yet, somehow, the Appeals Officer made a factual finding it would be "impossible" for the Claimant's supervisor to summon him back. Aside from not being based on anything in the record, such a statement is, patently absurd. Picking up the phone and calling Claimant is all that had to happen, which is exactly why the Claimant's supervisor instructed him to "stay close to the phone" in case he was needed back. *See* ROA p. 39 lines 13-20. That is yet another distinct benefit that the Appeals Officer had to erase from her order to allow her to reach the unsupported conclusion that Claimant was not within the course and scope of employment at the time of his accident. And she did so by drawing up an "impossible" finding out of thin air. And of course, thin air, does not support a finding by "substantial evidence" when no such evidence exists in the record. So, in distinguishing any benefit from the employer to get over the Evans hurdle, she simply made up, out of

thin air, the notion that it would be impossible for the police employer to summon Claimant back to work.

IV. CONCLUSION

The proper standard of review is *de novo*, as this Court reviews issues of law in such manner. And the Appeals Officer failing to apply the law of the Tighe and Evans holdings to the Claimants case (merely citing the cases, and pointing out irrelevant factual differences does not mean the Appeals Officer applied the law and analysis proffered by the Supreme Court when creating those exceptions) allows *de novo* review. Assuming arguendo that the standard of review is "substantial evidence", the Appeals Officer still erred, as she failed to apply the law and focused on irrelevant facts to the case. For example, in distinguishing Tighe from the case at bar, she pointed out Claimant was in civilian clothes, driving an indistinguishable vehicle from other civilians, and was merely driving home like any other non-police employee. Yet those facts do not legally (or factually) distinguish Tighe from the case at bar. Tighe was in civilian clothes, in an unmarked car indistinguishable from other civilians, and was merely driving home like any other non-police employee. Further, aside from relying on irrelevant indistinguishable facts, the Appeals Officer made the indefensible error of making up and then relying on such made-up facts that were not testified to by any witness, nor supported in the record (i.e. that it would be "impossible" for the police

employer to summon Claimant back to work, when no such evidence exists in the record. Indeed, that evidentiary record demonstrates was the opposite of "impossible" because the claimant had actually been called back in the past and the Employer's witness confirmed such call backs, while difficult, are possible.

In actually failing to analyze the legal holdings in Evans and Tighe and failing to make meaningful distinctions (e.g. who owned the vehicles and communication devices used by the police officers rather than focus on the actual control and benefits conferred by and to the employer), cannot explain why Tighe and Evans fall within the course and scope of employment and Claimant here is not. Such is textbook example of an arbitrary Appeals Officer ruling not supported by substantial evidence.

Accordingly, the Appeals Officer's decision and order of July 25, 2018 must be REVERSED.

Dated this 16th day of January 2019.

JASON D. MILLS, ESQ.
Nevada Bar No. 7447
JASON D. MILLS & ASSOCIATES
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102-4449
Attorney for Petitioner/Claimant
DAVID FIGUEROA

ATTORNEY'S CERTIFICATE OF COMPLIANCE

I hereby certify that this brief 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) has been prepared in a proportionally spaced typeface using Microsoft Word 2010 in 14 font, Times New Roman.

I further certify that this brief complies with the page limitations of NRAP 32(a)(7) because, excluding the parts of the brief exempted by NRAP 32(a)(7)(c), it does not exceed 30 pages.

I further certify that I have read the foregoing brief, 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 N.R.A.P 28(e)(1), which requires every assertion in the brief regarding matters in the record to be supported by a reference to the page of the transcript or appendix where the matter relied on is to be found.

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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.

Dated this 16th day of January 2019

JASON D. MILLS, ESQ.
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Las Vegas, NV 89102-4449
Attorney for Petitioner/Claimant
DAVID FIGUEROA

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CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 16th day of January 2019, service of the **PETITIONER'S REPLY BRIEF IN SUPPORT OF PETITION FOR JUDICIAL REVIEW** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
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Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
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An Employee of Jason D. Mills & Assoc.

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DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

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.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVII (28)

ORAL ARGUMENT REQUESTED

PETITIONER'S REQUEST FOR HEARING PURSUANT TO NRS 233B.133(4)

COMES NOW, Petitioner, DAVID FIGUEROA by and through his counsel of record JASON D. MILLS, ESQ., of the law firm JASON D. MILLS & ASSOCIATES, LTD., and hereby submits this PETITIONER'S REQUEST FOR

///

HEARING PURSUANT TO NRS 233B.133(4).

Dated this 16th day of January 2019

JASON D. MILLS, ESQ.
Nevada Bar Number 007447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
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Counsel for Petitioner/Claimant
DAVID FIGUEROA

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CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 16th day of January 2019, service of the **PETITIONER'S REQUEST FOR HEARING PURSUANT TO NRS 233B.133(4)** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

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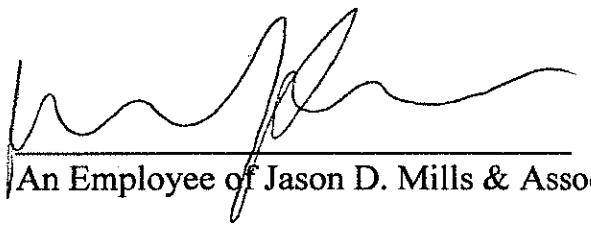

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Attorneys for Respondents,
Cannon Cochran Management Services, Inc., and
Las Vegas Metropolitan Police Department

DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: 28

REQUEST FOR HEARING ON PETITIONER'S PETITION FOR JUDICIAL REVIEW

On or about August 21, 2018, the Petitioner filed a Petition for Judicial Review with this Honorable Court, contesting an Appeals Officer's July 25, 2018 Decision and Order.

On November 16, 2018, Petitioner filed his Opening Brief. On November 26, 2018, this case was reassigned to this Department. On December 17, 2018, Respondents filed their Answering Brief. On January 16, 2019, Petitioner filed his Reply Brief.

Also on January 16, 2019, Petitioner filed a Request for Hearing. However that Request did not have a Notice of Hearing so this matter was never set for a hearing.

...

Pursuant to NRS 233B.133(4), Respondents hereby respectfully request a hearing on the above captioned matter.

DATED this 14 day of February, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

Daniel L. Schwartz, Esq.
Nevada Bar No. 5125
2300 W. Sahara Ave. Ste. 300
Las Vegas, NV 89102
Attorneys for Respondents
Cannon Cochran Management Services, Inc., and Las Vegas Metropolitan Police Department

NOTICE OF HEARING

PLEASE TAKE NOTICE that Petitioner's Petition for Judicial Review shall be brought on for hearing on the 26 day of March, 2019, at 9:00 a.m./p.m. in Department 28 of this Court, or as soon thereafter as counsel may be heard.

Dated this 14 day of February, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

Daniel L. Schwartz, Esq.
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2300 W. Sahara Ave. Ste. 300
Las Vegas, NV 89102
Attorneys for Petitioners
SOUTHWEST AIRLINES and
SEDGWICK CMS

CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the **REQUEST FOR HEARING ON PETITIONER'S PETITION FOR JUDICIAL REVIEW** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed follows:

Jason Mills, Esq.
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Las Vegas, NV 89133

DATED this 14th day of February, 2019.

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

A-18-779790-J David Figueroa, Petitioner(s)
vs.
Cannon Cochran Management Services, Inc., Respondent(s)

March 26, 2019 **09:00 AM** **Request for Hearing on Petitioner's Petition for Judicial Review**

HEARD BY: Israel, Ronald J. **COURTROOM:** RJC Courtroom 15C

COURT CLERK: Thomas, Kathy

RECORDER: Chappell, Judy

REPORTER:

PARTIES PRESENT:

Daniel L Schwartz **Attorney for Respondent**

Jason D. Mills **Attorney for Petitioner**

JOURNAL ENTRIES

Conference at the bench. COURT ORDERED, Matter CONTINUED.

04/23/19 9:00 AM REQUEST FOR HEARING ON PETITIONER'S PETITION FOR JUDICIAL REVIEW

DISTRICT COURT
CLARK COUNTY, NEVADA

Worker's Compensation Appeal	COURT MINUTES	April 23, 2019

A-18-779790-J David Figueroa, Petitioner(s)
vs.
Cannon Cochran Management Services, Inc., Respondent(s)

April 23, 2019	9:00 AM	Petition for Judicial Review	Request for Hearing on Petitioner's Petition for Judicial Review

HEARD BY: Israel, Ronald J. COURTROOM: RJC Courtroom 15C

COURT CLERK: Kathy Thomas

RECORDER: Judy Chappell

PARTIES
PRESENT: **No appearance**

JOURNAL ENTRIES

- No parties appeared. Court noted the Law Clerk received e-mail from counsel requesting to continue this matter. Court noted the Court had already reviewed all the papers and pleadings and therefore, there will be no oral arguments. COURT ORDERED, Request for hearing, GRANTED in chambers and Decision of Petition for Judicial Review SET in chambers for decision.

05/16/19 (CHAMBERS) DECISION RE: PETITION FOR JUDICIAL REVIEW

CLERK'S NOTE: A copy of this minute order was placed in the attorney folder(s) of: Daniel Schwartz, Esq. (Lewis, Brisbois, B & S) and Jason Mills, Esq. kt 04/23/19.

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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

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DISTRICT JUDGE
DEPT XXVIII
LAS VEGAS, NV 89155

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 re-acclimation 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

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

(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).

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DISTRICT JUDGE
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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 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 duty 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[1] 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 arbitrary and capricious and not supported by substantial evidence.

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

[1] It was briefly mentioned in the Conclusions of Law.

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

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 April, 2019.

RONALD J. ISRAEL
DISTRICT JUDGE
DEPARTMENT 28

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

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

Docket 78926 Document 2019-44655
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File Into E isting Case

ervice Contacts: A-18-779790-J

Case Number	Location	Description	Case Type
A-18-779790-J	Department 20	David Figueroa, Petitione...	Worker's Compensation...

Name	Email
▸ Party: David Figueroa - Petitioner	
1 20 items per page	1 - 1 of 1 items
▾ Party: Cannon Cochran Management Services, Inc. - Respondent	
Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com
▾ Party: Las Vegas Metropolitan Police Department - Respondent	
Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com
Joel P. Reeves	joel.reeves@lewisbrisbois.com
Daniel L. Schwartz	daniel.schwartz@lewisbrisbois.com
▸ Party: Department of Administration, Appeals Office - Respondent	
▸ Other Service Contacts	
1 10 items per page	1 - 5 of 5 items

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TRANSMISSION VERIFICATION REPORT

TIME : 04/30/2019 16:44
NAME : DEPT 28
FAX : 7023661407
TEL : 7026713631
SER.# : U63314C8J569809

DATE,TIME	04/30 16:42
FAX NO./NAME	7028224440
DURATION	00:02:06
PAGE(S)	07
RESULT	OK ✓
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DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA, Petitioner(s),

v.

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

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4/30/2019 4:37 PM
Steven D. Grierson
CLERK OF THE COURT

OSCC

DISTRICT COURT

CLARK COUNTY, NEVADA

****

David Figueroa, Petitioner(s), vs. Cannon Cochran Management Services, Inc., et al., Respondent(s).	Case No.: A-18-779790-J Department 28

CIVIL ORDER TO STATISTICALLY CLOSE CASE

Upon review of this matter and good cause appearing,
IT IS HEREBY ORDERED that the Clerk of the Court is hereby directed to statistically close this case for the following reason:

DISPOSITIONS:

- ☐ Default Judgment
- ☐ Judgment on Arbitration
- ☐ Stipulated Judgment
- ☐ Involuntary Dismissal
- ☐ Motion to Dismiss by Defendant(s)
- ☐ Stipulated Dismissal
- ☒ Summary Judgment
- ☐ Voluntary Dismissal
- ☐ Transferred (before trial)
- ☐ Non-Jury – Disposed After Trial Starts
- ☐ Non-Jury – Judgment Reached
- ☐ Jury – Disposed After Trial Starts
- ☐ Jury – Verdict Reached
- ☐ Other Manner of Disposition

DATED this 30th day of April, 2019.

Ronald J. Israel

RONALD J. ISRAEL
DISTRICT COURT JUDGE

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

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Steven D. Grierson
CLERK OF THE COURT

NOE
JASON D. MILLS, ESQ.
Nevada Bar No. 007447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102-4449
(702) 822-4444 – ph
(702) 822-4440 – fax
Attorney for Petitioner/Claimant
DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVII (28)

NOTICE OF ENTRY OF ORDER

TO: ALL INTERESTED PERSONS AND PARTIES

PLEASE TAKE NOTICE that the attached ORDER REVERSING THE

///

///

APPEALS OFFICER'S DECISION AND ORDER was entered on 4/30/2019.

Dated this 30th day of April, 2019.

JASON D. MILLS, ESQ.
Nevada Bar No. 7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste. 140
Las Vegas, NV 89104
Attorney for Petitioner/Claimant

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I hereby certify that on the 30 day of April, 2019, I duly deposited for mailing, first class mail, postage prepaid thereon, in the United States Mail at Las Vegas, Nevada, a true and correct copy of the above Notice of Entry of Order, in the above–entitled matter, addressed to the following:

David Figueroa
6831 Hillstop Crest Ct
Las Vegas, NV 89131

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An employee of JASON D. MILLS & ASSOCIATES, LTD.

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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

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

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 re-acclimation 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

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

(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).

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

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 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 duty 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[1] 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 arbitrary and capricious and not supported by substantial evidence.

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

[1] It was briefly mentioned in the Conclusions of Law.

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

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 April, 2019.

RONALD J. ISRAEL
DISTRICT JUDGE
DEPARTMENT 28

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

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

File Into Existing Case

Service Contacts: A-18-779790-J

Case Numbe	Location	Description	Case Type
	Name	Email	
A-18-779790-J	Department 20	David Figueroa, Petitione...	Worker's Compensation...

▸ Party: David Figueroa - Petitioner

1 20 items per page 1 - 1 of 1 items

▾ Party: Cannon Cochran Management Services, Inc. - Respondent

Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com

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▾ Party: Las Vegas Metropolitan Police Department - Respondent

Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com
Joel P. Reeves	joel.reeves@lewisbrisbois.com
Daniel L. Schwartz	daniel.schwartz@lewisbrisbois.com

▸ Party: Department of Administration, Appeals Office - Respondent

▸ Other Service Contacts

1 10 items per page 1 - 5 of 5 items

TRANSMISSION VERIFICATION REPORT

TIME : 04/30/2019 16:44
NAME : DEPT 28
FAX : 7023661407
TEL : 7026713631
SER.# : U63314C8J569809

DATE,TIME	04/30 16:42
FAX NO./NAME	7028224440
DURATION	00:02:06
PAGE(S)	07
RESULT	OK
MODE	STANDARD ECM

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

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Steven D. Grierson
CLERK OF THE COURT

MOT
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 005125
JOEL P. REEVES, ESQ.
Nevada Bar No. 013231
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W. Sahara Ave. Ste. 300
Las Vegas, Nevada 89102
Telephone: 702-893-3383
Facsimile: 702-366-9689
Email: daniel.schwartz@lewisbrisbois.com
Attorneys for Respondents
Cannon Cochran Management Services, Inc.
and Las Vegas Metropolitan Police Department

DISTRICT COURT

CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

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,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: ~~XVIII~~ 28

PLEASE NOTE DEPARTMENT CHANGE

HEARING REQUESTED

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

COME NOW Respondents CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, by and through their attorneys of record, DANIEL L. SCHWARTZ, ESQ. and JOEL P. REEVES, ESQ. of LEWIS BRISBOIS BISGGARD & SMITH LLP, and hereby files the instant Respondents' Motion To Alter Judgment, To Amend Findings, And For Oral Argument; Or In The Alternative Motion For Stay Pending Supreme Court

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33307-[illegible]17

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Appeal And Motion For Order Shortening Time regarding this Court's Order Reversing the Appeals Officer s Decision and Order, filed on April 30, 2019 and noticed on April 30, 2019.

This Motion is based upon all papers and pleadings on file herein, the memorandum of points and authorities attached hereto, and any other further argument and evidence as may properly be presented to the court at the hearing on this Motion.

Dated this 9 day of May 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By

DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 W. Sahara Ave. Ste. 300
Las Vegas, Nevada 89102
Attorneys for Respondents

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

AFFIDAVIT IN SUPPORT OF ORDER SHORTENING TIME AND STAY

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

I, JOEL P. REEVES, ESQ., do herby swear under penalty of perjury that the assertion of this affidavit are true, that:

1. Affiant is an attorney authorized and duly licensed to practice law in the State of Nevada and is one of the attorneys of record for Respondents.

2. This affidavit is made in support of an ex-parte order shortening time for this Motion for Stay to be heard.

3. Affiant has personal knowledge of all matters set forth herein, except those matters stated on information and belief, and is competent to testify thereto.

4. That Respondents' first request is for this Court to grant their Motion To Alter Judgment, To Amend Findings, And For Oral Argument and to amend this Court's April 30, 2019 Order to affirm the Appeals Officer.

5. However, should this Court deny Respondents' Motion To Alter Judgment, To Amend Findings, And For Oral Argument, Respondents will be appealing to the Supreme Court and are requesting a Stay of the April 30, 2019 Order and need to ensure that they are compliance with the April 30, 2019 Order.

6. The above-named Affiant has good cause to request this Court for an Order Shortening time. NRAP Rule 8(a)(1) requires that Respondents move first in the District Court for a Stay of the underlying Order Granting Reversing the Appeals Officer, filed on April 30, 2019. NRS 616C.375 mandates that an Appeals Officer's Decision and Order shall not be stayed unless the District Court issues an Order of Stay within thirty (30) days from the date of the Decision and Order. Further, NRAP 4(a)(1) requires that the subject Order be appealed within thirty (30) days from the date of the Order. Therefore, this Motion cannot be heard in the normal course.

7. The time for appeal and compliance in this matter currently expires on or about May 30, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

8. In the absence of a stay, the Respondents will be required to comply with this Court's Order and will be required to administer this claim and issue unrecoverable retro-active benefits, benefits which Petitioner could recover at the conclusion of the Supreme Court appeal is Petitioner is successful.

9. This Motion and request for Order Shortening Time is made in good faith and not for the purpose of undue advantage.

Further Affiant sayeth naught.

DATED this 9 day of May, 2019.

JOEL P. REEVES, ESQ.

SUBSCRIBED AND SWORN to before me this 9th day of May, 2019.

JENNIFER BRYAN
Notary Public, State of Nevada
Appointment No. 98-42284-1
My Appt. Expires Nov 1, 2019

NOTARY PUBLIC in and for said County and State

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

ORDER SHORTENING TIME

GOOD CAUSE APPEARING THEREFOR,

IT IS HEREBY ORDERED that the time of hearing of the above-entitled matter be, and the same will be heard, on the 23rd day of May 2019, ~~at~~ in chambers ~~A.M./P.M.~~ in Dept. No. ~~XVIII.~~ XXVIII

DATED this 14 day of May, 2019.

Ronald J. Israel

DISTRICT COURT JUDGE MF

RONALD J. ISRAEL

A-18-779790-J

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

Respectfully submitted by:

DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
LEWIS BRISBOIS BISGAARD & SMITH
2800 W. Sahara Ave., Ste. 300, Box 28
Las Vegas, NV 89102
Attorneys for the Respondents

MEMORANDUM OF POINTS AND AUTHORITIES

I.

STATEMENT OF FACTS

This is a workers' compensation case. The Petitioner has multiple prior industrial claims. Upon information and belief, the first of these claims has a date of injury of August 27, 2010.

The Petitioner had another industrial injury which occurred on March 15, 2011, when he was involved in a motor vehicle accident at the Las Vegas Blvd. and I-95 intersection where he incurred head, neck and back injuries. (Record on Appeal p. 308.)(hereinafter "ROA p. __")

Dr. Quaglieri performed a PPD evaluation for that injury on September 6, 2012 and determined that the Petitioner had an eleven percent (11%) whole person impairment. Based upon this impairment rating, the Petitioner was notified on September 28, 2012 that his claim was being closed with an eleven percent (11%) PPD award. (ROA pp. 309-310.)

The Petitioner filed another C-4 form for his elbows, knees and arm. The alleged injuries occurred from a motorcycle accident the Petitioner was involved in on September 21, 2011. Dr. Quaglieri performed a PPD evaluation addendum for that injury on March 5, 2013. (ROA pp. 311-316.)

The Petitioner filed another C-4 form for his back on December 17, 2012. The Petitioner listed the date of injury as March 15, 2011 and was diagnosed with low back pain. (ROA p. 317.)

The Employer completed a C-3 form on December 18, 2012 and indicated that the Petitioner had stated that he was bending over to pick up a flashlight and felt pain in his lower back. (ROA p. 318.)

In the instant matter, on March 7, 2015, according to the C-4 form, the Petitioner was "driving" and was in an "MVA." (ROA p. 319.)

The Employer completed its C-3 form upon receiving the C-4 form. (ROA p. 320.)

An Injury Report was also completed on March 7, 2015. This report indicated the Petitioner was not in the normal course of his work or duties as a police officer at the time of the incident. (ROA p. 321.)

The Petitioner was notified on April 9, 2015 that his claim was being denied. (ROA pp. 322-323.)

The Petitioner appealed the determination letter of April 9, 2015, regarding claim denial, to the Hearing Officer. (ROA p. 324.) This appeal was transferred directly to the Appeals Office. (ROA p. 325.)

This matter came on for hearing before the Appeals Officer on May 10, 2017. Petitioner and Employer's Director of Risk Management, Jeff Roch (hereinafter "Mr. Roch"), gave testimony. (ROA pp. 3-7.)

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, Petitioner had been released early from his shift. The Appeals Officer also noted that Petitioner testified that his sergeant told him to leave early to get some "seat time" on Petitioner's personal motorcycle and that Petitioner 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 Petitioner'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 *Petitioner* to get some seat time. Further, the Appeals Officer also concluded that Petitioner'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 Petitioner's sergeant explicitly required Petitioner 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." (ROA pp. 78-90)

On August 21, 2018, Petitioner filed the subject Petition for Judicial Review.

The parties submitted briefing.

On January 16, 2019, Petitioner filed a Request for Hearing but neglected to include a Notice so a hearing was never scheduled.

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

On February 19, 2019, Respondent filed a Request for Hearing with a Notice and the hearing was set for March 26, 2019.

On March 26, 2019, after the parties had presented to Department 18 for hearing, Your Honor called a bench conference and the hearing was rescheduled for April 23, 2019.

On April 23, 2019, the undersigned 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. Pursuant to a minute order from the day, Your Honor chose to set this matter for an in chambers decision.

On April 30, 2019, This 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 Petitioner 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 Petitioner being on the road at the time of incident. The Court concluded that Respondent Employer did receive a benefit because Petitioner was on the clock, could have been called back, was ordered to get some "seat time," and Petitioner 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 *Tighe*."

Reconsideration and oral argument regarding the April 30, 2019 Order is necessary.

...

...

...

II.

LEGAL ARGUMENT

A.

MOTION TO ALTER JUDGMENT, TO AMEND FINDINGS, AND FOR ORAL ARGUMENT

1. Jurisdiction

NRCP 52(b) provides as follows:

> On a party's motion filed no later than 28 days after service of written notice of entry of judgment, the court may amend its findings--or make additional findings--and may amend the judgment accordingly. The time for filing the motion cannot be extended under Rule 6(b). The motion may accompany a motion for a new trial under Rule 59.

NRCP 59(e) provides that "[a] motion to alter or amend a judgment must be filed no later than 28 days after service of written notice of entry of judgment." Finally, NRCP 60(b) provides as follows:

> Grounds for Relief From a Final Judgment, Order, or Proceeding. On motion and just terms, the court may relieve a party or its legal representative from a final judgment, order, or proceeding for the following reasons:
> (1) mistake, inadvertence, surprise, or excusable neglect;
> (2) newly discovered evidence that, with reasonable diligence, could not have been discovered in time to move for a new trial under Rule 59(b);
> (3) fraud (whether previously called intrinsic or extrinsic), misrepresentation, or misconduct by an opposing party;
> (4) the judgment is void;
> (5) the judgment has been satisfied, released, or discharged; it is based on an earlier judgment that has been reversed or vacated; or applying it prospectively is no longer equitable; or
> (6) any other reason that justifies relief.

The timing for filing a motion under NRCP 60(b) is "within a reasonable time--and for reasons (1), (2), and (3) no more than 6 months after the date of the proceeding or the date of service of written notice of entry of the judgment or order, whichever date is later."

Here, the subject Notice of Entry of Order was filed on April 30, 2019. Therefore, under either NRCP 52, NRCP 59, or NRCP 60 this instant Motion is timely.

...

...

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2. Amendment Of The April 30, 2019 Order Is Necessary

With all due respect to this Court, it appears that this Court has misapprehended the Appeals Officer's Decision and Order as well as the law governing this case. Respondents fully comprehend the import of requesting that this Court essentially reverse itself and do indeed consider this Motion to be somewhat of an extraordinary request. However, the April 30, 2019 Order issued by this Court as it stands truly appears to have misunderstood portions of the subject Appeals Officer's Decision as well as the current state of the law governing this appeal. This Motion is submitted with respect in the attempt to reach the correct legal outcome for this case.

In the April 30, 2019 Order, this Court found fault with the Appeals Officer's Order for not including reference in the Findings of Fact that Appellant was on the clock or the fact that Petitioner 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 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." (ROA p. 80:12-13)

This 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." (ROA p. 85:12) Not only that, the Appeals Officer went into detail discussing the import of this fact to the case:

> 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))
>
> 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 this 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. (See ROA pp. 85:8-86:12) 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." (ROA p. 80:12-13)

As for the merits of the position that being on the clock should have rendered this claim compensable, the fact that Appellant 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 the Supreme 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 this Court's current ruling, if Petitioner's accident had happened five (5) minutes later while Respondent five (5) minutes further down the road with all other facts being the same, it would not be compensable. There is no further work connection other than the passage of five (5) minutes. Respondents would submit that such an outcome is arbitrary on its face, especially considering the Supreme Court's opinion that being on the clock by itself is not enough for a compensable claim.

Next, this Court concluded that it was error to conclude that Respondent Employer "received no benefit from claimant being on the road." This Court reasoned that Employer *did* receive a benefit because Petitioner was on the clock, could have been called back, was ordered to get some "seat

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time," and Petitioner was still subject to Employer's rules and regulations. However, with all due respect, 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.

This 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, Respondents agree that the only difference between an off-duty police officer and Appellant is the fact that Appellant was on the clock. However, again, the Supreme Court has stated several times over that that is simply not enough to render a claim compensable.

Regarding the fact that Appellant 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 Appellant's job required him to ride his personal motor cycle as a condition of his employment. Indeed, it was Petitioner's choice to have a personal motor cycle to commute to and from work and Petitioner 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 Appellant commuting home on his personal motor cycle as it would have if Appellant were commuting home in a mini-van. That is to say that Employer received no benefit from Appellant 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, this Court concluded that it was error to affirm claim denial given that Appellant "had his radio and the general duty of law enforcement while traveling on public thoroughfares under Tighe.[1] However, that is not the complete holding of Tighe. Indeed, the Tighe 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 in the course of employment."(Id.) The Court specifically

[1] Tighe v. Las Vegas Metropolitan Police Dept., 110 Nev. 632, 877 P.2d. 1032 (1994).

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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 Appellant 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 Appellant had his radio is not dispositive as he chose to bring the radio with him. In Tighe, the employer mandated that Tighe carry a radio to respond quickly given his "on call" status. Here, Appellant 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.

Appellant was not performing any police work – 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 Appellant was technically off the clock. The Supreme 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 this Court found dispositive were Appellant'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 Appellant to purchase a motorcycle or even to undertake police duties while driving his personal motor cycle. Nor is there any evidence that Employer instructed Appellant to carry a radio with him.

With all due respect, this Court's Order runs directly counter to several cases already decided by the Nevada Supreme Court and amendment of this Court's Order is warranted as there are no legal errors or clear factual errors with the Appeals Officer's Decision. Though this 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 this Court amend its April 30, 2019 Order to affirm the underlying Appeals Officer.

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3. Oral Argument Is Requested

Respondents are hereby requesting that this matter be set for oral argument. This case was originally set for oral argument on March 26, 2019 after both parties had requested a hearing. Then, after the parties presented to Department 18 for hearing, Your Honor called a bench conference and the hearing was rescheduled for April 23, 2019. On April 23, 2019, the undersigned 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. Pursuant to a minute order from the day, Your Honor chose to set this matter for an in chambers decision without oral argument.

Especially given the misapprehensions in the April 30, 2019 Decision which were addressed above, Respondents would request that this matter be set for oral argument.

B.

MOTION FOR STAY

In the event this Court declines to grant Respondents' Motion To Alter Judgment, To Amend Findings, And For Oral Argument, Respondents hereby request that this Court grant this Motion for Stay Pending Supreme Court Appeal.

1. Standard of Review

The standard for granting a stay was enunciated in the case of Kress v. Corey, 65 Nev. 1, 16-17, 189 P.2d 352, 360 (1948) as follows:

> an order for a supersedeas or stay will only be granted on good cause shown and where a proper case for exercise of the court's discretion is made out. As a rule a supersedeas or stay should be granted, if the court has the power to grant it, [1] whenever it appears that without it the object of the appeal or writ of error may be defeated, or [2] that it is reasonably necessary to protect appellant or plaintiff in error from irreparable or serious injury in the case of reversal, and [3] it does not appear that appellee or defendant in error will sustain irreparable or disproportionate injury, in case of affirmance on the other hand, as a rule, a supersedeas or stay will not be granted unless it appears to be necessary to prevent irreparable injury or a miscarriage of justice. (citations removed)(numeration added)

A party requesting a stay must also prove a reasonable likelihood of success on the merits. Success on the merits for Petitions for Judicial review of a final decision of an agency is governed by NRS 233B.135 as follows:

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NRS 233B.135 Judicial review: Manner of conducting; burden of proof; standard for review.

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.

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The standard of review is whether there is substantial evidence to support the underlying decision. The reviewing court should limit its review of administrative decisions to determine if they are based upon substantial evidence. North Las Vegas v. Public Service Common, 83 Nev. 278, 291, 429 P.2d 66 (1967); McCracken v. Fancy, 98 Nev. 30, 639 P.2d 552 (1982). Substantial evidence is that quantity and quality of evidence which a reasonable man would accept as adequate to support a conclusion. See, Maxwell v. SIIS, 109 Nev. 327, 331, 849 P.2d 267, 270 (1993); and Horne v. State Indus. Ins. Sys., 113 Nev. 532, 537, 936 P.2d 839 (1997).

When reviewing administrative decisions, this Court has held that, on factual determinations, the findings and ultimate decisions of an agency are not to be disturbed unless they are clearly erroneous or otherwise amount to an abuse of discretion. Nevada Industrial Common v. Reese, 93 Nev. 115, 560 P.2d 1352 (1977).

An administrative determination regarding a question of fact will not be set aside unless it is against the manifest weight of the evidence. Nevada Indus. Common v. Hildebrand, 100 Nev. 47, 51, 675 P.2d 401 (1984).

2. An Order Granting Stay is Appropriate Until this Appeal is Heard and Decided on its Merits

The Nevada Supreme Court has consistently held that a stay is appropriate under circumstances such as those that exist in the instant case. Kress, Id. In DIR v. Circus Circus, 101 Nev. 405, 411-12, 705 P.2d 645, 649 (1985), the Nevada Supreme Court stated that an insurer's proper procedure when aggrieved by a decision is to seek a stay. The Nevada Supreme Court has also recognized that a stay should be granted where it can be shown that the Appellant would suffer irreparable injury during the pendency of the appeal, if the stay is not granted. White Pine Power v. Public Service Commission, 76 Nev. 263, 252 P.2d 256 (1960).

The Nevada Supreme Court held, in Ransier v. SIIS, 104 Nev. 742, 766 P.2d 274 (1988), that an insurer may not seek recoupment of benefits paid to a claimant that were later found to be unwarranted on appeal. However, 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, Ransier applies and insurers cannot recover anything at all. Here, just as in most cases, there is nothing to indicate whether Petitioner has health or casualty insurance. Furthermore, under no circumstances could an insurer recover any wage replacement benefits such as temporary partial disability or temporary total disability benefits.

In the instant case, an order granting a Stay of this Court's decision is appropriate for the reasons set forth herein. As was discussed in Respondents' Motion to Alter *supra*, this Court's Decision was, respectfully, issued under color of a legal error. Furthermore, the only party that will be harmed by the subject order will be the Respondents. The subject accident happened over four (4) years ago at this point and, to the undersigned's knowledge, there are no pending emergency medical treatments which a stay would prevent. There are however retro-active wage replacement benefits which would have to be issued and under no circumstances could those benefits be recovered once issued.

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This case is precisely the scenario in which a stay is appropriate. Respondents have shown a substantial likelihood of prevailing on the instant appeal and Respondents will be irreparably harmed if the instant motion is not granted. Accordingly, Respondents contend that they have made the requisite showing for the granting of a stay of the Appeals Officer's decision until such time as a hearing can be conducted on the merits of its appeal.

3. Petitioner Will Not Be Harmed By the Granting of a Stay

In the instant case, Petitioner will not be harmed by the granting of this stay. There are no pending emergency medical procedures which a Stay would prevent. Indeed, this claim has been denied for over four (4) years at this point. Petitioner would not be harmed at all by a stay.

The only potential for harm is to Respondents as the subject Order is afflicted with misapprehensions regarding the substance of the Appeals Officer's Decision and contains legal errors. The only party which stands to be harmed by a failure to grant a stay is Respondents. Accordingly, Respondents have again made the requisite showing for the granting of a stay of this Court's decision until such time as a hearing can be conducted on the merits of Respondents' appeal.

III.

CONCLUSION

Based on the foregoing, the April 30, 2019 Order issued by this Court must be amended to affirm the Appeals Officer as there are no legal errors therein and the conclusions reached by the Appeals Officer are based on substantial evidence. Further, the April 30, 2019 Order itself contains legal errors and should be amended to remedy the same. Oral argument on this case is also requested.

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Should this Court decline to amend the April 30, 2019 Order, Respondents' would then request that this Court enter a stay of the April 30, 2019 Order pending review by the Supreme Court.

DATED this 9 day of May, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By

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LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of Lewis Brisbois Bisgaard & Smith LLP and that I did cause a true copy of **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** to be placed in the United States Mail, with first class postage prepaid to:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

DATED this 15 day of May, 2019.

An Employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding Motion:

☒ Does not contain the Social Security number of any person.

- OR -

☐ Contains the Social Security number of a person as required by:

A. A specific state or federal law, to wit:

(State specific law.)

- or -

B. For the administration of a public program or for an application for a federal or state grant.

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

Daniel L. Schwartz, Esq.
Attorneys for Respondents

5/9/19
Date

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DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVIII (28)

PETITIONER'S OPPOSITION TO RESPONDENT'S MOTION TO ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL

COMES NOW, PETITIONER DAVID FIGUEROA ("Petitioner" or "Claimant") by and through his attorney of record, JASON D. MILLS, ESQ., of the law firm of JASON D. MILLS & ASSOCIATES, LTD, and hereby submits this this PETITIONER'S OPPOSITION TO RESPONDENT'S MOTION TO

ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL.

This Opposition is based upon the Order Shortening Time granted and THE underlying Motion received by mail on Friday, May 17, 2019, and all papers and pleadings or file herein, the memorandum of points and authorities attached hereto, and any other further argument and evidence as may properly be presented to this court.

Dated this 22nd day of May 2019.

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OPPOSITION MEMORANDUM OF POINTS AND AUTHORITIES

I. ARGUMENT

A. RESPONDENT IS REQUESTING THE COURT REVERSE ITSELF BECAUSE, AS IT ALLEGES, THE COURT "MISAPPRENED" THE UNDERLYING CASE.

The Respondent's motion is based primarily upon what it asserts is the misapprehension by this Court with regard to the underlying Appeals Officer's Decision and Order. See Respondent's Motion, p. 10, lines 2-5. The Respondent further acknowledges that its request is "extraordinary" in nature in that they are seeking the court to reverse itself without supplying any new information, other then what is already on file with this Honorable Court. See Respondent's Motion, p. 10, lines 4-5. It goes even further and states that this Court not only misunderstood the facts of the case, but that it also misunderstands the law. See Respondent's Motion, p.10, lines 6-7.

However, as Petitioner successfully argued in its underlying Opening and Reply Briefs it is not this Honorable Court that misapprehended the facts and law, but rather the Appeals Officer and Respondent that did so. See Petitioner's Opening Brief and Reply Brief on file with this Court.

1. **The issue of Respondent being "on the clock", is, once again completely mischaracterized as to its legal import that underpins this Honorable Courts reversal decision and Petitioner's legal argument**

It seems that Respondent continues to confuse and conflate the legal implications of the Petitioner being "on the clock" at the time of his industrial injury. See Respondent's Motion, p. 10, lines 15-28. Once again, as this Court noted and Petitioner argued in its Briefs, it is understood that being on the clock alone does not, in and of itself without any other facts, render any employee's injury (including Petitioner) to be deemed within the course and scope of employment. Never has Petitioner argued this. Not below at the Appeals Officer, and not before this Honorable Court. Rather the importance of Petitioner remaining "on the clock" at the time of his accident is with regard to the *control* that LVMPD expressly has over Petitioner while he is "on the clock" and the *benefit* to LVMPD that comes from that control. That is the point that this Court most certainly correctly apprehended (not misapprehended). Indeed, it was the Appeals Officer misapprehended the import of the Petitioner being "on the clock". And yet, Respondent stubbornly clings to this position as if Petitioner's argument, or this Court's reversal is based solely on only of Petitioner merely being "on the clock". Wrong.

Once again, because Petitioner was "on the clock" he could not drink alcohol even if he so wished, and had he done so, he would be subject to LVMPD discipline. *See* ROA p. 15, lines 4-14, p. 55, lines 17-19. Thus, Petitioner was still under the express *control* of LVMPD. And that control confers benefits to

LVMPD, which, while obvious to Petitioner and this Court (yet eluded the Appeals Officer) is that LVMPD does not allow its "on the clock" officers to be drunk in order to perform their duties. If that isn't a benefit to a police agency employer then nothing is.

Additionally, because Petitioner was still "on the clock" at the time of the accident, he could not refuse a call back to the station house, had his LVMPD supervisor so instructed. See ROA, p. 14, lines 2-8. Again, evidencing the *control* LVMPD was exerting over their employee. Going further still, had Petitioner refused a summon back while on the clock, he would have been subject to employment disciplinary actions by LVMPD. See ROA, p. 65, lines 23-24, and p. 66, lines 1-6. Evidencing additional benefit to LVMPD, in that they could, without fail and without the ability of the employee to reject, summon the Petitioner back to the station at anytime he was still "on the clock". And as we know, such summons back from an early-out (yet still "on the clock") had happened at least 5 times to Petitioner in the previous 10 years of employment.

Conveniently, the Respondent fails to even address the invented facts that the Appeals Officer ultimately relied upon when issuing her Decision and Order, namely that it would be "impossible" for Petitioner to have been summoned back to the station house; a fact invented from thin air by the Appeals Officer as both

the LVMPD's witness and Petitioner, demonstrated that it not only was possible, but that it had indeed happened to this specific several times in the past.

2. The Respondent myopically focuses on the issue of who owns the chattel and what type of chattel is used by Petitioner, rather than the underlying purpose of the chattel; namely the control exerted over Petitioner by LVMPD and the benefit received by LVMPD because of Petitioner's use and possession of said chattel

Respondent spends much of its Motion, asserting again the ownership differences of chattel, rather than the underlying legal implications of what those pieces of property do. For example, the Respondent focuses on the fact that Petitioner's motorcycle was owned by him and not LVMPD. See Respondent's Motion, p. 12 lines 10-17. Which is legally relevant, why? The Respondent (and the Appeals Officer below) never explains precisely because they cannot. Indeed, who owns the property is immaterial. What is legally germane it is whether the employer exerted *control* over Petitioner's use of that property and whether the employer received a *benefit* because of its use. That is the concept that was utterly lost upon the Appeals Officer, remains lost upon the Respondent, but clearly not lost upon by this court.

As stated in the underlying Opening Brief and Reply Brief on file with this court, it was the LVMPD supervisor's express order to Petitioner, that Petitioner obtain "extra seat time" (knowing that Petitioner was being transferred back to his regular motorcycle employment duties in the next shift or two). ROA p. 24, lines

4-5, p. 39, lines 18-20. This was a direct order from Petitioner's supervisor. Which Petitioner complied with. Evidencing LVMPD's *control* over the Petitioner. And LVMPD received a *benefit* of Petitioner getting "extra seat time" because Petitioner would soon be returning to his regular work duties on a motorcycle.

Next, while true Respondent owned his personal cell phone (and carried the LVMPD radio), it was his supervisor's instruction to "stay close to the phone". *See* ROA p. 39 lines 13-20. This is evidence of LVMPD *control* over Petitioner. And the *benefit* was that if his supervisor needed to summon him back they could reach him. That is the benefit similar to that in *Tighe*. The fact that Petitioner owned his personal cell phone and *Tighe* did not own the radio/beeper is meaningless. The legal ownership of the chattel isn't the important part of the analysis but rather the *control* exerted and *benefit* received by the employer from the employee through that device. This Honorable Court recognizes that aspect in the *Tighe* holding as evidenced by its reversal order and the Appeals Officer wrongfully failed to understand the holding underpinning *Tighe*.

3. The Respondent then seeks to rely on the permissive nature of *Tighe's* holding as if that somehow changes the facts before this Court that demonstrates this Petitioner's is compensable

In attempting to distinguish *Tighe* from the case at bar, the Respondent relies on the notion that *Tighe* does not, in all cases, stand for proposition that all police officers driving home are in the course and scope of employment. See

Respondent s Motion, p. 12, lines 20-26. However, in bringing up that point the Respondent walks into the same pitfall that the Appeals Officer did. Namely, Respondent states, once again that Petitioner "...was not performing any police work we [sic he] was community home just as any other police officer would.". Respondent s Motion, p. 13, lines 11-12. Yet, was that not what officer *Tighe* was doing? Driving home? After work? In an unmarked car, with in civilian clothes? Yet his claim was compensable. But why was it compensable? Because of the express control LVMPD still had over Tighe, to summon him back via radio/beeper and his responsibility to render aid on the road as a police officer. See *Tighe v. Las Vegas Metro. Police Dept.*, 110 Nev. 632, 635-636 (1994). The Appeals Officer and Respondent just flat out ignore this glaring fact that Petitioner and *Tighe* are so similarly situated. They do so, in order to reach the result to deny Petitioner's claim. Had they analyzed the law of the *Tighe* holding to the Petitioner's claim, they would reach the result that this Honorable Court did. That Petitioner's claim is compensable.

B. <u>RESPONDENT'S REQUEST FOR A STAY DURING THE PENDENCY OF ITS APPEAL TO THE SUPREME COURT FAILS TO MEET THE LEGAL REQUIREMENTS TO OBTAIN A STAY</u>

With regard to this Court's final decision on the merits, NRS 233B.140(2) states that "[i]n determining whether to grant a stay, the court shall consider the same factors as are considered for a preliminary injunction under Rule 65 of the

Nevada Rules of Civil Procedure.". And the basis for obtaining a preliminary injunction are set forth in Danger Holdings Nevada, L.L.C. v. Douglas County and its Bd. of County Com'rs, 978 P.2d 311 (Nev., 1999). In particular, according to Dangberg, the relevant factors when considering an injunction under NRCP 65 are:

1. ***Whether Respondent will suffer irreparable harm; and***

2. ***Whether Respondent is likely to prevail on the merits.***

See Id at 319.

Each factor is analyzed below and as indicated the Respondent has not met its burden to obtain a stay pending its appeal to the Supreme Court.

1. Respondent will not suffer irreparable harm if stay is denied

As to the first factor *whether Respondent will suffer irreparable if the stay is denied* the answer is negative.

Respondent's only claim of harm as it relates to its request for a stay, can at best be described as **monetary damages**. That is, Respondent will pay for Petitioner's workers' compensation benefits during the pendency of its appeal to the Nevada Supreme Court. Such as medical treatment and *maybe* indemnity payments (i.e. TTD payments *if* he receives industrial treating doctor certifications in compliance with NRS 616C.475). First, Petitioner is working full duty, so TTD will not occur. And more importantly, monetary damages are generally **not** recognized as a form of irreparable harm. *See*, Wisconsin Gas Co. v. F.E.R.C., 758

F.2d 669, 674 (D.C.Cir.1985) (noting that " '[m]ere injuries, however substantial, in terms of money, time and energy necessarily expended in the absence of a stay are not enough' " to show irreparable harm) (quoting Virginia Petroleum Job. Ass'n v. Federal Power Com'n, 104 U.S.App.D.C. 106, 259 F.2d 921, 925 (D.C.Cir.1958). *See also* Dixon v. Thatcher, 103 Nev. 414, 415, 742 P.2d 1029, 1029-30 (1987) (noting that, with respect to injunctive relief, irreparable harm is harm for which compensatory damages would be inadequate, such as the sale of a home at a trustee's sale would meet irreparable harm because real property is unique).

With respect to a worker's compensation case, the Respondent argues that it will suffer irreparable harm if a stay is not granted because they will be required to pay benefits during the pendency appeal that it subsequently cannot recoup those benefits in the event it prevails with its appeal to the Nevada Supreme Court. The problem with that argument – in addition to, as noted above, the fact that monetary damages are generally not accepted in the law as irreparable harm – lies in the fact that the legislature specifically did not grant a right of reimbursement for benefits that are even ***incorrectly paid***. This was made clear by the Nevada Supreme Court in *Ransier v. SIIS*, 104 Nev. 742, 766 P.2d 274 (1988), where the court held that SIIS cannot recoup funds properly paid to a claimant pending appeal when the payments are later found to be unwarranted. In the more recent case of *Wyphoski*

v. Sparks Nugget, Inc., 112 Nev. 413, 915 P.2d 261 (1996), the Supreme Court refused to carve out an exception to the rule enunciated in *Ransier* when the employer is self-insured. In fact, the *Wyphoski* court affirmed the earlier holding in *Ransier*. The Supreme Court noted that one of the key legislative purposes of the **industrial insurance laws is to favor the payment of benefits to the employee even in uncertain cases**. The Nevada Supreme Court noted that this circumstance (i.e. the inability for the insurer to later recover unwarranted payments) was clearly a policy consideration that must be changed by legislative, not judicial action.

In this case, Respondent's request for stay, if granted would serve to warp the *Ransier* and *Wyphoski* holdings by claiming that because it is responsible to pay benefits pending the appeal regardless of the outcome, it will suffer irreparable harm precisely because it will be required to follow the law. Essentially, it appears that Respondent is seeking to turn the *Ransier* and *Wyphoski* holdings and Nevada public policy considerations, on their head.

a. 78th (2015) Nevada Legislature Amended the Nevada Industrial Insurance Act ("NIIA") to allow for Insurers/TPAs/Self-insured employers to recover benefits paid via recouping said benefits from private health insurers, namely NRS 616C.138(5-6).

Notwithstanding long existing Nevada case law set forth above that undermines Respondent's request for a stay, is a recent change made to Nevada

law by the legislature. Specifically, statute was recently amended the ability of parties such as Insurers/TPAs/Self-insured employers to recover the costs of medical benefits for denied benefits that are paid by such parties but ultimately are proven to be not liable for. *See* NRS 616C.138. That is correct, the very "irreparable harm" that Respondent' is complaining of (i.e. paying medical benefits to Petitioner) is now addressed in the law.

Specifically, sub-section (5-6) of NRS 616C.138 was added in 2015 and are completely applicable here. Sadly, it appears the Respondent is playing fast and lose with this Honorable Court, apparently attempting to play coy as to whether the Respondent has health insurance and therefore provide protection to the Respondent via NRS 616C.138. See Respondent's Motion, p. 16, lines 15-17. Being that the Motion on file is both the TPA and the Employer's Motion, the Employer is fully aware of the fact that Respondent, one of its LVMPD police officers, is most certainly covered by health insurance as part of the benefit package available to its police officer employees. See Exhibit 1, copy of Respondent's Health Card, evidencing "LVMPD" and an "LVMPD" badge emblazed on the health card. What then is the reason the Respondent tried to advance the motion to this Honorable Court of being vague as to whether health coverage was in place for Petitioner? Simple. It knows that Petitioner's health

coverage coupled with the change in NRS 616C.138 completely undermine its argument in support of a stay.

Accordingly, in the unlikely event that Petitioner actually prevails, there is not even a potential for monetary damage (which again, as indicated above, are in and of themselves generally not legitimate bases to meet the "irreparable harm" prong of the test). How then is their harm "irreparable" if they can recover every dollar spent on medical treatment even in the unlikely event they prevail?

The Respondent then offered the notion of retro-active temporary total disability benefits ("TTD") or temporary partial disability ("TPD") potentially being owed to Petitioner. See Respondent's Motion, p. 16, lines 17-19. But Petitioner is and has been working full duty, thus he would not be owed any current TTD or TPD benefits at this time. And the self-insured employer never paid any TTD benefits on this case as it was denied, thus all time that Petitioner was paid while recovering from his injury would have been his personal sick leave and/or vacation time and/or FMLA time. Because that is so, then the Respondent simply would be in the situation where it reclassifies those payments in its computer data base, and not an actual monetary payout would be paid to Claimant without a stay being granted. LVMPD is a self-insured employer and Claimant was already paid during his injury period. And since that is the case, in the unlikely event Respondent wins, they will simply be able to re-classify that time back to

personal/sick/FMLA leave in the event they win provided they send a statutory "overpayment" notice when they send the correction to the past payment databases. See NRS 616C.155 which expressly allows for overpayment notices and deductions to take place.

Thus, despite monetary damages not being a form of irreparable harm, and the clear mandate by the Nevada supreme court that claims be paid even on uncertain cases, and that Respondent has health insurance, the Respondent is exposed to no risk whatsoever of monetary loss despite its protestations to the contrary because there are no actual TTD/TPD benefits owed directly to Petitioner that would be immediately paid out during the pendency of this action, but rather simply reclassification of the time he had already used in the past.

2. The Respondent has not demonstrated it is likely to prevail on the merits of the appeal.

As to the second factor *whether Respondent is likely to prevail on the merits in the appeal*, is answered in the negative.

In this case, the evidence demonstrates that the Respondent will not likely prevail on the merits of their appeal, as this Court correctly reversed the several errors that the Appeals Officer made in the underlying administrative tribunal.

It is the Respondent's burden of proof to demonstrate that this Honorable Court erred. *See* NRS 616C.370(2). *See also* SIIS v. Christiansen, 106 Nev. 85 (1990) (holding that the District Court's review is limited to the record developed

in agency proceedings and to a determination of whether substantial evidence exists in the record to support the agency's ruling).

Here the Court reversed the errors of the Appeals Officer after a careful review of the underlying case. Namely, it noted the Appeals Officer made both legal and factual errors, including inventing facts that were no where to be found in the record. See Petitioner's Opening and Reply Briefs on file with this Court. See also hereinabove, Section A of this Opposition addressing the reasons why this Court's reversal order was proper.

Finally, perhaps most disturbingly, the Respondent flippantly states since it has been so many years (4+) since this claim began the Petitioner won't be harmed by the stay being in place while the case slowly winds its way through the Nevada Supreme Court process. See Respondent's Motion, p. 17, lines 7-9. Evidently, the Respondent is unfamiliar with a corner-stone legal concept in western civilization dating back to at least the Magna Carta[1], that justice delayed is justice denied. Of course, it is not just our ties to the distant past that embody our collective adherence to this concept, Nevada too subscribes to it. See *Dougan v. Gustaveson*, 108 Nev. 517, 523 (1992) (recognizing the Nevada Supreme Court's commitment to the proposition that "justice delayed is justice denied", abrogated on other grounds by *Arnold v. Kip*, 123 Nev. 410(2007)). Apparently, to the Respondent,

[1] See Magna Carta of 1215, clause 40.

more than four years of having his claim wrongfully denied won't matter much to tack on another year or two while they appeal. What a strange perspective for the Respondent to possess. Can it not comprehend that continuing, wrongfully, to deny Petitioner's claim and benefits would be an ongoing injustice against him, and is most certainly be a harm to him if such were to continue to take place? And this is especially so in light of the fact that this Honorable Court granted the correct and lawful outcome by way of its reversal order only to have it taken from him by way of a granted motion for stay.[2]

II. CONCLUSION

The Respondent offers no newly discovered evidence in its Motion to Set Aside the District Court's Order. Rather they presumptuously lecture this court that it misunderstands the law and that this Court should reverse itself. The underlying Appeals Officer failed to apply the law of the *Tighe* and *Evans* holdings to the Claimants case (merely citing the cases, and pointing out irrelevant factual differences does not mean the Appeals Officer applied the law and analysis proffered by the Supreme Court when creating those exceptions). And this Court recognized those failures by the Appeals Officer and cited those failures in the Decision and Order; arguments advanced by the Petitioner in his Opening and

---

[2] While Respondent has not proven an entitlement to a stay, if it were serious about obtaining a stay during its appeal, it would have offered or agreed to be ordered to pay a supersedeas bond in an amount equal to no less than the cost of all prior medical bills on this claim, pursuant to NRAP 6.

Reply Briefs that are on file. As such its Motion to Amend Judgment should be denied.

Further, it exerts a motion for stay pending appeal to the Supreme court, but fails to demonstrate an "irreparable harm" or that there is a likelihood of success on the merits (Respondent must prove both prongs, not merely one, to obtain a stay). And to add insult to injury the Respondent states that no harm will befall Petitioner if the claim remains stayed as it has been denied now for more than 4 years; failing to recognize harm is inherent in justice being delayed any longer than it has been to date. As such, the Motion for Stay must also be denied.

Dated this 22nd day of May 2019.

JASON D. MILLS, ESQ.
Nevada Bar No. 007447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
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(702) 822-4444 – ph
(702) 822-4440 – fax
jdm@jasondmills.com
Attorney for Petitioner/Claimant
DAVID FIGUEROA

CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that, on the 22 day of May, 2019, service of the **PETITIONER'S OPPOSITION TO RESPONDENT'S MOTION TO ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

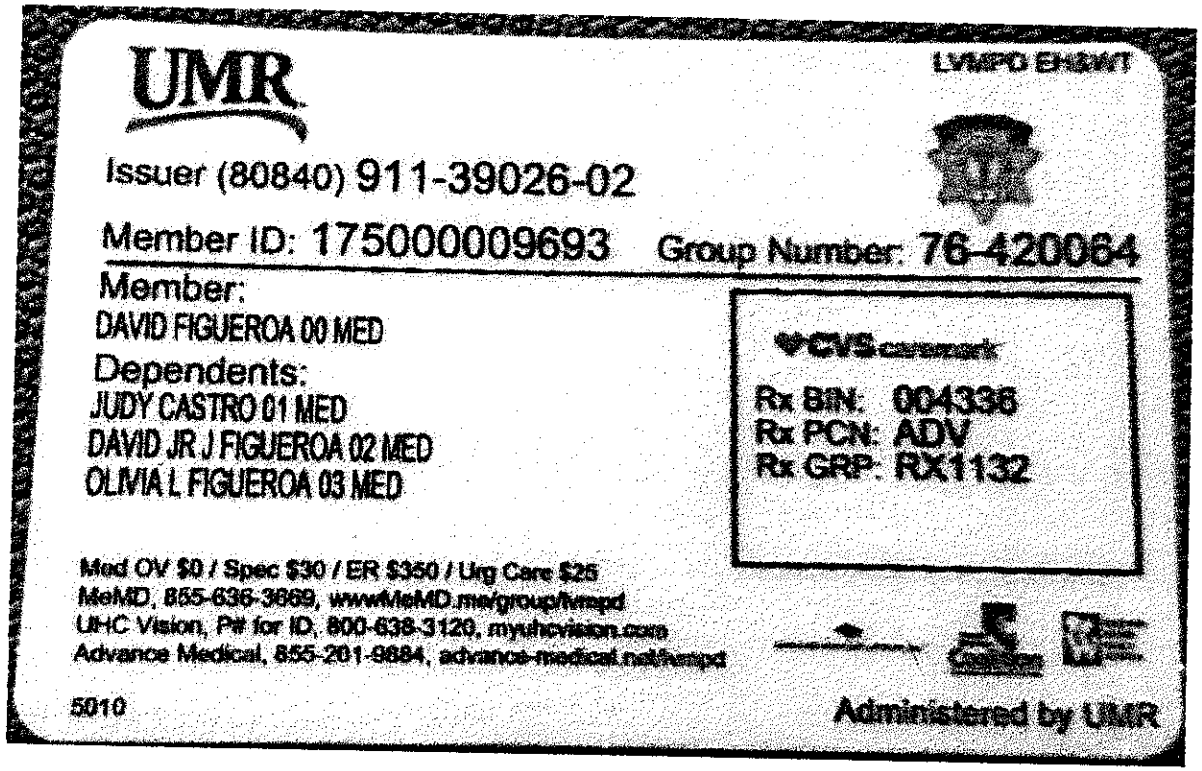
LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Jason D. Mills & Assoc.

1



UMR

LVMPD EMSVT

Issuer (80840) 911-39026-02

Member ID: 175000009693 Group Number: 76-420064

Member:
DAVID FIGUEROA 00 MED

Dependents:
JUDY CASTRO 01 MED
DAVID JR J FIGUEROA 02 MED
OLIVIA L FIGUEROA 03 MED

CVS caremark
Rx BIN: 004336
Rx PCN: ADV
Rx GRP: RX1132

Med OV $0 / Spec $30 / ER $350 / Urg Care $25
MeMD, 855-636-3669, www.MeMD.me/group/lvmpd
UHC Vision, P# for ID, 800-638-3120, myuhcvision.com
Advance Medical, 855-201-9884, advance-medical.net/lvmpd

5010

Administered by UMR

A-18-779790-J

DISTRICT COURT
CLARK COUNTY, NEVADA

Worker's Compensation Appeal	COURT MINUTES	May 23, 2019

A-18-779790-J David Figueroa, Petitioner(s)
vs.
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: Israel, 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

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.

Electronically Filed
5/30/2019 10:00 AM
Steven D. Grierson
CLERK OF THE COURT

NOAS
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 005125
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Attorneys for Respondents
Cannon Cochran Management Services, Inc.
and Las Vegas Metropolitan Police Department

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

NOTICE OF APPEAL

TO: DAVID FIGUEROA, Petitioner

TO: JASON D. MILLS, ESQ., Petitioner's Attorney

NOTICE IS HEREBY GIVEN that Respondents CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as "Respondents"), in the above-entitled action, hereby appeal to the Supreme Court of the State of Nevada from the attached "Order" entered in this action on or about April 30, 2019 which

...

Reversed the Appeals Officer's Decision and Order and the "Notice of Entry of Order" filed on or about April 30, 2019.

DATED this 30 day of May, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____
DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH, LLP
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Attorneys for Respondents

CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 30th day of May, 2019, service of the foregoing **NOTICE OF APPEAL** was made this date by depositing a true copy of the same for mailing, first class mail, as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

DISTRICT COURT
CLARK COUNTY, NEVADA

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, NOTICE OF APPEAL

filed in case number: A-18-779790-J

☒ Document does not contain the Social Security number of any person.

- OR -

☐ Document contains the Social Security number of a person as required by:

☐ A specific state or federal law, to wit:

_____

- or -

☐ For the administration of a public program

- or -

☐ For an application for a federal or state grant

- or -

☐ Confidential Family Court Information Sheet
(NRS 125.130, NRS 125.230 and NRS 125B.055)

Date: 5/30/19

_____
(Signature)

DANIEL L. SCHWARTZ, ESQ.
(Print Name)

RESPONDENTS
(Attorney for)

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

4837-4522-[illegible]136.1 / 33307-117

LIST OF EXHIBITS

EXHIBIT I: Notice of Entry of Order

EXHIBIT I

Electronically Filed
4/30/2019 5:34 PM
Steven D. Grierson
CLERK OF THE COURT

NOE

JASON D. MILLS, ESQ.
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Attorney for Petitioner/Claimant
DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVII (28)

NOTICE OF ENTRY OF ORDER

TO: ALL INTERESTED PERSONS AND PARTIES

PLEASE TAKE NOTICE that the attached ORDER REVERSING THE

///

///

Case Number: A-18-779790-J

APPEALS OFFICER'S DECISION AND ORDER was entered on 4/30/2019.

Dated this 30th day of April, 2019.

JASON D. MILLS, ESQ.
Nevada Bar No. 7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste. 140
Las Vegas, NV 89104
Attorney for Petitioner/Claimant

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I hereby certify that on the 30 day of April, 2019, I duly deposited for mailing, first class mail, postage prepaid thereon, in the United States Mail at Las Vegas, Nevada, a true and correct copy of the above Notice of Entry of Order, in the above–entitled matter, addressed to the following:

David Figueroa
6831 Hillstop Crest Ct
Las Vegas, NV 89131

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis, Brisbois, et al
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An employee of JASON D. MILLS & ASSOCIATES, LTD.

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

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

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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 re-acclimation 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

RONALD J. ISRAEL
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(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).

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

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 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 duty 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[1] 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 arbitrary and capricious and not supported by substantial evidence.

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

[1] It was briefly mentioned in the Conclusions of Law.

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

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 April, 2019.

RONALD J. ISRAEL
DISTRICT JUDGE
DEPARTMENT 28

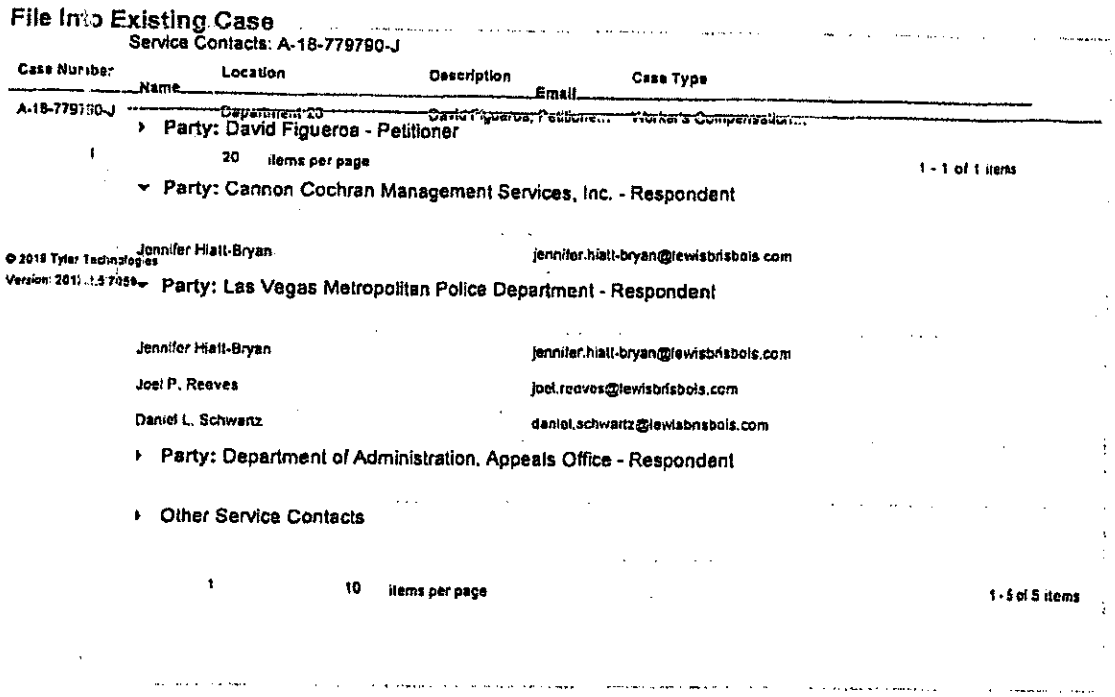
RONALD J. ISRAEL
DISTRICT JUDGE
DEPT XXVIII
LAS VEGAS, NV 89155

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



File Into Existing Case

Service Contacts: A-18-779790-J

Case Number	Location	Description	Case Type
	Name	Email	
A-18-779790-J	Department 20	David Figueroa, Petitioner	Worker's Compensation

▸ Party: David Figueroa - Petitioner

20 items per page 1 - 1 of 1 items

▾ Party: Cannon Cochran Management Services, Inc. - Respondent

Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com

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▾ Party: Las Vegas Metropolitan Police Department - Respondent

Jennifer Hiatt-Bryan	jennifer.hiatt-bryan@lewisbrisbois.com
Joel P. Reeves	joel.reeves@lewisbrisbois.com
Daniel L. Schwartz	daniel.schwartz@lewisbrisbois.com

▸ Party: Department of Administration, Appeals Office - Respondent

▸ Other Service Contacts

1 10 items per page 1 - 5 of 5 items

TRANSMISSION VERIFICATION REPORT

TIME : 04/30/2019 16:44
NAME : DEPT 28
FAX : 7023661407
TEL : 7026713631
SER.# : U63314C8J569809

DATE,TIME	04/30 16:42
FAX NO. /NAME	7028224440
DURATION	00:02:06
PAGE(S)	07
RESULT	OK
MODE	STANDARD ECM

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

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5/30/2019 10:00 AM
Steven D. Grierson
CLERK OF THE COURT

ASTA
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 005125
JOEL F REEVES, ESQ.
Nevada Bar No. 013231
LEWIS BRISBOIS BISGAARD & SMITH LLP
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Email: daniel.schwartz@lewisbrisbois.com
Attorneys for Respondents
Cannon Cochran Management Services, Inc.
and Las Vegas Metropolitan Police Department

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

CASE APPEAL STATEMENT

1. Name of party filing this case appeal statement:

Cannon Cochran Management Services, Inc. and Las Vegas Metropolitan Police Department

2. Identify the Judge issuing the decision, judgment, or order appealed from:

Hon. Ron Israel, District Court Judge

3. Identify all parties to the proceedings in the district court (the use of et al. to denote parties is prohibited):

Cannon Cochran Management Services, Inc., Las Vegas Metropolitan Police Department, and David Figueroa

4. Identify all parties involved in this appeal (the use of et al. to denote parties is prohibited):

Cannon Cochran Management Services, Inc., Las Vegas Metropolitan Police Department, and David Figueroa

5. Set forth the name, law firm, address, and telephone number of all counsel on appeal and identify the party or parties whom they represent:

DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH LLP
6300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102-4375
Attorneys for Respondents,
Cannon Cochran Management Services, Inc.
and Las Vegas Metropolitan Police Department

JASON D. MILLS, ESQ.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102
Attorney for Petitioner
David Figueroa

6. Indicate whether Petitioner were represented by appointed or retained counsel in the district court:

Petitioner was represented by retained counsel in the District Court.

7. Indicate whether Respondents were represented by appointed or retained counsel in the district court:

Respondents were represented by retained counsel in the District Court.

8. Indicate whether Petitioner is represented by appointed or retained counsel on appeal:

Petitioner is represented by retained counsel on appeal.

9. Indicate whether Respondents are represented by appointed or retained counsel on appeal:

Respondents are represented by retained counsel on appeal.

10. Indicate whether Petitioner was granted leave to proceed in forma pauperis, and the date of entry of the district court order granting such leave:

Petitioner was not granted leave to proceed in forma pauperis.

11. Indicate whether Respondents were granted leave to proceed in forma pauperis, and the date of entry of the district court order granting such leave:

Respondents were not granted leave to proceed in forma pauperis.

12. Indicate the date the proceedings commenced in the district court (e.g., date complaint, indictment, information, or petition was filed):

The Petition for Judicial Review of the Appeals Officer's Decision of July 25, 2018, was filed on August 21, 2018.

13. Provide a brief description of the nature of the action and result in the district court, including the type of judgment or order being appealed and the relief granted by the district court:

This is a worker's compensation case. On March 7, 2015, the Petitioner, DAVID FIGUEROA (hereinafter "Petitioner") was involved in a motor vehicle accident while driving his personal motorcycle on his commute home from work. The evidence showed that Petitioner's sergeant had given Petitioner and a co-officer (Tyler McMeans) an "early out" for their shift "to get some seat time" on their personal motor cycles and that Petitioner's accident happened at 12:25 a.m., i.e. five (5) minutes before his shift technically ended at 12:30 a.m. At the time of the accident, Petitioner was driving his personal vehicle, wearing civilian clothes, and although he was carrying service items with him such as his department issued radio, duty weapon, handcuffs, and badge, it was undisputed that Employer LAS VEGAS METROPOLITAN POLICE DEPARTMENT (hereinafter "Employer") did not require that Petitioner have any of those items with him.

Employer's workers' compensation Administrator CANNON COCHRAN MANAGEMENT SERVICES, INC. (hereinafter "Administrator") denied this claim as Petitioner was not performing work at the time of his accident, his injuries were not related to his employment, and he was commuting home. Petitioner appealed and transferred this matter directly to the Appeals Office.

On May 10, 2017, this matter came on for hearing before the Appeals Officer. Petitioner and Employer's Director of Risk Management, Jeff Roch, gave testimony.

On July 25, 2018, after hearing testimony and receiving written closing arguments from both parties, the Appeals Officer affirmed claim denial, finding that Petitioner had not satisfied his burden to prove that he was injured within the course and scope of his employment.

Petitioner filed this Petition for Judicial Review, contesting the Appeals Officer's July 25, 2018 Decision and Order.

After receiving written briefs and without holding oral argument, the District Co reversed the Appeals Officer, finding that Petitioner was within the course and scope of his employment because he was still on the clock and providing a benefit to Employer by virtue of him still being on the clock.

Respondents appealed to this Honorable Court as simply being on the clock and sustaining an injury is not enough to establish a compensable claim for workers' compensation benefits.

14. Indicate whether the case has previously been the subject of an appeal to or original writ proceeding in the Supreme Court and, if so, the caption and Supreme Court docket number of the prior proceeding:

No.

5. Indicate whether this appeal involves child custody or visitation:

No.

6. If this is a civil case, indicate whether this appeal involves the possibility of settlement:

No.

DATED this 30 day of May, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____
DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH, LLP
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Attorneys for Respondents

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

DISTRICT COURT
CLARK COUNTY, NEVADA

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, CASE APPEAL STATEMENT filed in case number: A-18-779790-J:

☑ Document does not contain the Social Security number of any person.

- OR -

☐ Document contains the Social Security number of a person as required by:

☐ A specific state or federal law, to wit:

_____

- or -

☐ For the administration of a public program

- or -

☐ For an application for a federal or state grant

- or -

☐ Confidential Family Court Information Sheet
(NRS 125.130, NRS 125.230 and NRS 125B.055)

Date: 5/30/19

(Signature)

DANIEL L. SCHWARTZ, ESQ.
(Print Name)

RESPONDENTS
(Attorney for)

LEWIS BRISBOIS BISGAARD & SMITH LLP
ATTORNEYS AT LAW

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6/4/2019 4:42 PM
Steven D. Grierson
CLERK OF THE COURT

NOCB
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 005125
JOEL P. REEVES, ESQ.
Nevada Bar No. 013231
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W. Sahara Ave. Ste. 300
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Facsimile: 702-366-9689
Email: daniel.schwartz@lewisbrisbois.com
Attorneys for Respondents
Cannon Cochran Management Services, Inc.
and Las Vegas Metropolitan Police Department

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA

Petitioner,

v.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada,

Respondents.

CASE NO: A-18-779790-J

DEPT. NO.: XVIII

NOTICE OF FILING BOND

NOTICE IS HEREBY GIVEN that Respondents CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, by and through their attorneys, DANIEL L. SCHWARTZ, ESQ. of LEWIS BRISBOIS BISGAARD & SMITH LLP, deposited with the Clerk of this Court, in compliance

...

...

...

with the NRAP Rule 7, a check in the amount of $500.00 for security, which was hand delivered to the Eight Judicial District Court.

DATED this 5 day of June, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: _____

DANIEL L. SCHWARTZ, ESQ.
JOEL P. REEVES, ESQ.
LEWIS BRISBOIS BISGAARD & SMITH, LLP
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Attorneys for Respondents

CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 4th day of June 2019, service of the foregoing **NOTICE OF FILING BOND** was made this date by depositing a true copy of the same for mailing, first class mail, as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho, Suite 140
Las Vegas, NV 89102

LVMPD-Health Detail
400 S. Martin Luther King Blvd.
Suite B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

OFFICIAL RECEIPT

District Court Clerk of the Court 200 Lewis Ave, 3rd Floor Las Vegas, NV 89101

Payor
Lewis Brisbois Bisgaard & Smith

Receipt No.
2019-33206-CCCLK

Transaction Date
05/31/2019

Description	Amount Paid
On Behalf Of Cannon Cochran Management Services, Inc. A-18-779790-J David Figueroa, Petitioner(s) vs. Cannon Cochran Management Services, Inc., Respondent(s) Appeal Bond	
Appeal Bond	500.00
SUBTOTAL	**500.00**
PAYMENT TOTAL	**500.00**
Check (Ref #13949) Tendered	500.00
Total Tendered	**500.00**
Change	0.00

Notice of Appeal filed on 5/30/2019

05/31/2019 12:35 PM | Cashier Station RJCC1 | Audit 36468164

OFFICIAL RECEIPT

Electronically Filed
6/18/2019 3:08 PM
Steven D. Grierson
CLERK OF THE COURT

ODM
JASON D. MILLS, ESQ.
Nevada Bar No. 007447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102-4449
(702) 822-4444 – ph
(702) 822-4440 – fax
Attorney for Petitioner/Claimant
DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVIII (28)

ORDER DENYING RESPONDENT'S MOTION TO ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL

Based upon the Order Shortening Time granted by this Court and the underlying Motion received by mail on Friday, May 17, 2019, and Opposition filed on May 22, 2019, with the matter being taken under advisement in chambers by this Court on May 23, 2019, and all papers and pleadings on file herein and

6/18/19

Case Number: A-18-779790-J

evidence as may properly be presented to this court, the court does hereby find, conclude and ORDER as follows:

This Court does not find oral arguments are warranted for the underlying Motion, as there is no new evidence advanced by any party, thus review of the pleadings and record is sufficient for this Court to issue its order. Also, a stay of this Court's underlying Order is not appropriate as the Respondent has not demonstrated it is entitled to a stay as set forth hereinbelow.

I. Respondent's Motion to Alter Judgment Denied

Based upon the Respondent's Motion, it is evident they were relying on the argument that this Court's decision was a manifest error of law or fact, and that this Court had "misapprehended" the Appeals Officers Decision and Order as well as the law governing this case. Indeed, it was Respondent's reliance upon a boilerplate "catch-all" phrase found in the underling Appeals Officer and Decision and Order that were the backstop of its Motion; namely the language of the Appeals Officer's Order therein stating that "[a]ny Finding of Fact more appropriate deemed a Conclusion of Law shall be so deemed, and vice versa..." is utterly misplaced. Indeed, the mere talismanic recital of a fact but not engaging in any meaningful legal analysis as to how that fact applies (or does not apply) to the case at bar is never a basis for a lawful order. ~~And~~ The underlying Appeals Officers' failure to include in its Decision and Order any meaningful legal analysis and its

impact on the outcome of the case, specifically with regard to the salient fact that the Petitioner was expressly commanded by his employment superior to "get some seat time" as the very reason he was discharged early, was clear legal error by not finding it a material fact rendering its decision not supported by substantial evidence, and is violation of NRS 233B.131(3)(d-f). Indeed, in the record on appeal it is noted that such was that very command by the Respondent that placed Petitioner upon the road when it did. It was Petitioner obeying that express command that placed him in the situation that he found himself upon the road that lead to his motor vehicle crash. Further, and quite disturbingly, the Appeals Officer clearly relied upon a non-existent fact in its Decision and Order also in violation of NRS 233B.131(3)(d-f); namely that it would be "impossible" for the LVMPD employer to summon back Petitioner had it so required while Petitioner was still "on the clock". Contrary evidence from both the Petitioner and LVMPD's witness exist in the record. Indeed, no such evidentiary support of the Appeals Officer's finding of "impossibility" exists in the record. And thus, the Appeals Officer reliance on such a non-existent fact as cornerstone of its Order renders its legal analysis error as it is based upon arbitrary and capricious reasoning and therefore not supported by substantial evidence.

Additionally, this Court's decision clearly stated the fact that Petitioner was sill on clock, was but one of several factors that supported the correct legal

conclusion that Petitioner's injuries arose out of and in the course of his employment, squarely falling within recognized exceptions of the "going and coming" rule. Namely, this Court noted that at the time of the Petitioner's injury he was carrying out his supervisor's express order to "get more seat time" as he would soon be returning to his regular employment motorcycle duties, and compliance by the Petitioner to that employment command conferred a direct benefit to the LVMPD employer; namely getting prepared for his imminent return to the LVMPD's motorcycle detail. He was also commanded to "stay close to the phone" in the event his supervisor required Petitioner to be summoned back to duty.

This Court further noted that Petitioner had his company issued radio in his possession, as well as his personal cell phone (both devices allowing the Employer express ability to summon Petitioner back to the LVMPD Area Command had the Employer so required while Petitioner remained "on the clock"). This Court further noted that in this specific set of facts confronted, the Petitioner was very similarly situated to the police officer in *Tighe v. Las Vegas Metro. Police Dep't*, 877 P.2d 1032 (1994), in that Petitioner here also had an express general duty as a law enforcement officer ~~that~~ while he traveled upon the public road; that he could not refuse a summon back while on still on the clock, that such summons had, in fact, occurred in the past to this particular Petitioner on no fewer than five occasions.

Further the Employer exerted its control over the Petitioner while he remained "on the clock" in that the Petitioner could not engage in drinking alcohol while on the LVMPD clock and had he done so would have been subject to the rightful disciplinary control of his LVMPD employer as testified to by both the LVMPD employer witness and Petitioner. All three facts are clear benefits to the LVMPD. Of course, while *Tighe* does not stand for proposition that all police officers driving home are in the course and scope of employment, it is nevertheless a broad exception granted to police officers. It is for this very reason that actual legal analysis be performed upon the salient facts of each such situation to ascertain the proper legal conclusion, which is what the Appeals Officer ~~utterly~~ failed to do.

Thus, it not the mere fact, in a vacuum, that Petitioner was "on the clock" that confers compensability here, but the express control exerted by the LVMPD employer over Petitioner and the benefits that the Employer received (more fully set forth in this Court's underlying Order ~~Grating~~ Granting the Petition for Judicial Review) at the time of the accident that is the basis of this court's reversal order of the Appeals Officer's clearly erroneous decision and order.

II. Respondent's Motion for Stay Denied

No stay is warranted here. Generally, there are four factors that must be weighed in order to obtain a stay and that burden is on the movant, here the Respondent. Those factors are (1) whether the object of the appeal or writ petition

will be defeated if the stay or injunction is denied; (2) whether appellant/petitioner will suffer irreparable or serious injury if the stay or injunction is denied; (3) whether respondent/real party in interest will suffer irreparable or serious injury if the stay or injunction is granted; and (4) whether appellant/petitioner is likely to prevail on the merits in the appeal or writ petition. See NRAP 8(c). See also *Hansen v. Eighth Judicial Dist. Court ex rel. County of Clark*, 116 Nev. 650, (2000). Here all four factors weigh, in varying degrees, against the Respondent.

The first and second factors of the test 1) whether the object of the appeal will most certainly not be defeated if a stay is not granted and 2) whether appellant/petitioner will suffer irreparable or serious injury if the stay or injunction is denied and very much intertwined here (Here the Respondent is the movant and thus the appellant for the purposes of the test). As noted in Respondent's own briefing it admits the need for immediate medical care by Petitioner at this stage has long since passed. Meaning, the Employer will very likely not be responsible for any such medical costs going forward. Indeed, even if they are, the Nevada Legislature has granted the ability of the Employer to recoup the medical costs against Petitioner's health insurance pursuant to the 2015 change in NRS 616C.138(5-6). The Respondent reliance on the notion that the payment of temporary total disability benefits (TTD) would result in irreparable harm here, is also undermined by its own briefing, namely that Petitioner is currently working full duty and has

been for several years now. Which necessarily means the likelihood of the Employer paying TTD benefits going forward on this claim is, for all intents and purposes, non-existent. And as Petitioner's Opposition noted, Claimant was already paid during his period of incapacity while he recovered from his industrial injuries thus the Respondent will not be issuing a retro-active payment to ~~Respondent~~ Petitioner. Thus, it is for these reasons the ~~Respondent~~ first two factors weigh against ~~it in~~ obtaining a stay.

Third, is whether respondent/real party in interest will suffer irreparable or serious injury if the stay or injunction is granted (here the Petitioner is the respondent regarding the Employer's motion for stay and appeal to the Nevada Supreme Court for the purposes of this test). This factor weighed least on this Court precisely because of the state of the claim and ~~Respondent~~ Petitioner's current non-existent need for medical care. However, this factor still tips in favor of the Petitioner and against the Respondent for two reasons. First, as the Nevada Supreme Court has noted the payment of industrial injury benefits, even those "incorrectly" paid and even on "uncertain" claims is the clear public policy of the State of Nevada. See *Ransier v. SIIS,* 104 Nev. 742, 766 P.2d 274 (1988) and *Wyphoski v. Sparks Nugget, Inc.,* 112 Nev. 413, 915 P.2d 261 (1996). And secondly, this Court further accepts Petitioner's argument that it is the policy of the State of Nevada that "justice delayed is justice denied". See *Dougan v.*

Gustaveson, 108 Nev. 517, 523 (1992) (recognizing the Nevada Supreme Court's commitment to the proposition that "justice delayed is justice denied", abrogated on other grounds by *Arnold v. Kip*, 123 Nev. 410 (2007)). Here Petitioner wrongfully had his industrial injury claim denied by the Employer. That wrong against Petitioner was further compounded when the Appeals Officer improperly upheld the Employer's denial and in so doing violated NRS 233B.135(3)(d-f), ~~as fully explained above in Section I of this Order~~. To continue to deny Claimant any industrial benefit, albeit the receipt of which at this point in time is unlikely, would further compound the injustice set upon Petitioner. Here, Petitioner has prevailed in his Petition and the underlying Appeals Officer's Decision and Order has been expressly reversed. This Court will not engage in furthering delaying justice to Petitioner by granting a stay, especially in light of the fact that other three factors to obtain a stay all weigh heavily against the Respondent.

Finally, the fourth factor is whether appellant/petitioner is likely to prevail on the merits in the appeal or writ petition. As fully set forth in the underlying Order that this Court issued reversing the Appeals Officer's Decision and Order, and further expounded upon hereinabove in Section I of this Order, it is evident that the Appeals Officer committed reversible error in rendering its Decision and Order and thus it is unlikely the Respondent will succeed in its appeal to the Nevada Supreme Court.

Case No: A-18-779790-J
Dept. No.: XXVIII (28)

It is for these reasons, a stay is not warranted here.

IT THEREFORE ORDERED that Respondent's Motion to Alter Judgment or in the Alternative to Stay Pending Appeal is **DENIED**.

Dated this 17 day of June 2019.

Ronald J. Israel
DISTRICT COURT JUDGE MF
RONALD J. ISRAEL
A-18-779790-J

Respectfully submitted by:

JASON D. MILLS, ESQ.
Nevada Bar No. 007447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102-4449
(702) 822-4444 – ph
(702) 822-4440 – fax
Attorney for Petitioner/Claimant
DAVID FIGUEROA

CERTIFICATION PURSUANT TO COURT GUIDELINES

Counsel submitting this document certifies as follows (check one):

_____ The court has waived the requirements set forth in the Guidelines;

_____ No party appeared at the hearing or filed an objection to the motion;

__X__ I have delivered a copy of this proposed order to all counsel who appeared at the hearing, and each has approved or disapproved the order, or failed to respond as indicated below:

[ ] Approved [ ] Disapproved [ ] Failed to Respond

_____

DANIEL L. SCHWARTZ, ESQ. Attorney for Respondents,
Cannon Cochran Management Services, Inc. and
Las Vegas Metropolitan Police Department

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Steven D. Grierson
CLERK OF THE COURT

NOE
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(702) 822-4444 – ph
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Attorney for Petitioner,
DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVIII (28)

NOTICE OF ENTRY OF ORDER

TO: ALL INTERESTED PERSONS AND PARTIES

PLEASE TAKE NOTICE that on June 17, 2019 the Honorable Ronald J. Israel, District Court Judge, Department 28, executed an ORDER DENYING RESPONDENT'S MOTION TO ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL and said Order was filed by the

Case Number: A-18-779790-J

Clerk of the Court on June 18, 2019 with copies of said Order attached hereto as Exhibit pages 000001-000010.

Dated this 18 day of June, 2019.

JASON D. MILLS, ESQ.
Nevada Bar No. 7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102
Attorney for Petitioner,
DAVID FIGUEROA

CERTIFICATE OF MAILING

Pursuant to NRCP 5 (b), I hereby certify that on the 18 day of June, 2019 service of the NOTICE OF ENTRY OF ORDER was made this date by depositing a true and correct copy of the same for mailing, First Class Mail, at Las Vegas, Nevada, and addressed to:

LVMPD – Health Detail
400 S. Martin Luther King Blvd., Ste. B
Las Vegas, NV 89106

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

Daniel Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith, LLP
2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102-4375

An Employee of Jason D. Mills & Associates, Ltd.

Electronically Filed
6/18/2019 3:08 PM
Steven D. Grierson
CLERK OF THE COURT

ODM
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(702) 822-4440 – fax
Attorney for Petitioner/Claimant
DAVID FIGUEROA

DISTRICT COURT
CLARK COUNTY, NEVADA

DAVID FIGUEROA,

Petitioner,

vs.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITIAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada.

Respondents.

Case No: A-18-779790-J
Dept. No.: XXVIII (28)

ORDER DENYING RESPONDENT'S MOTION TO ALTER JUDGMENT OR IN THE ALTERNATIVE TO STAY PENDING APPEAL

Based upon the Order Shortening Time granted by this Court and the underlying Motion received by mail on Friday, May 17, 2019, and Opposition filed on May 22, 2019, with the matter being taken under advisement in chambers by this Court on May 23, 2019, and all papers and pleadings on file herein and

6/18/19

Case Number: A-18-779790-J

evidence as may properly be presented to this court, the court does hereby find, conclude and ORDER as follows:

This Court does not find oral arguments are warranted for the underlying Motion, as there is no new evidence advanced by any party, thus review of the pleadings and record is sufficient for this Court to issue its order. Also, a stay of this Court's underlying Order is not appropriate as the Respondent has not demonstrated it is entitled to a stay as set forth hereinbelow.

I. Respondent's Motion to Alter Judgment Denied

Based upon the Respondent's Motion, it is evident they were relying on the argument that this Court's decision was a manifest error of law or fact, and that this Court had "misapprehended" the Appeals Officers Decision and Order as well as the law governing this case. Indeed, it was Respondent's reliance upon a boilerplate "catch-all" phrase found in the underling Appeals Officer and Decision and Order that were the backstop of its Motion; namely the language of the Appeals Officer's Order therein stating that "[a]ny Finding of Fact more appropriate deemed a Conclusion of Law shall be so deemed, and vice versa..." is utterly misplaced. Indeed, the mere talismanic recital of a fact but not engaging in any meaningful legal analysis as to how that fact applies (or does not apply) to the case at bar is never a basis for a lawful order. ~~And~~ The underlying Appeals Officers' failure to include in its Decision and Order any meaningful legal analysis and its

impact on the outcome of the case, specifically with regard to the salient fact that the Petitioner was expressly commanded by his employment superior to "get some seat time" as the very reason he was discharged early, was clear legal error by not finding it a material fact rendering its decision not supported by substantial evidence, and is violation of NRS 233B.131(3)(d-f). Indeed, in the record on appeal it is noted that such was that very command by the Respondent that placed Petitioner upon the road when it did. It was Petitioner obeying that express command that placed him in the situation that he found himself upon the road that lead to his motor vehicle crash. Further, and quite disturbingly, the Appeals Officer clearly relied upon a non-existent fact in its Decision and Order also in violation of NRS 233B.131(3)(d-f); namely that it would be "impossible" for the LVMPD employer to summon back Petitioner had it so required while Petitioner was still "on the clock". Contrary evidence from both the Petitioner and LVMPD's witness exist in the record. Indeed, no such evidentiary support of the Appeals Officer's finding of "impossibility" exists in the record. And thus, the Appeals Officer reliance on such a non-existent fact as cornerstone of its Order renders its legal analysis error as it is based upon arbitrary and capricious reasoning and therefore not supported by substantial evidence.

Additionally, this Court's decision clearly stated the fact that Petitioner was still on clock, was but one of several factors that supported the correct legal

conclusion that Petitioner's injuries arose out of and in the course of his employment, squarely falling within recognized exceptions of the "going and coming" rule. Namely, this Court noted that at the time of the Petitioner's injury he was carrying out his supervisor's express order to "get more seat time" as he would soon be returning to his regular employment motorcycle duties, and compliance by the Petitioner to that employment command conferred a direct benefit to the LVMPD employer; namely getting prepared for his imminent return to the LVMPD's motorcycle detail. He was also commanded to "stay close to the phone" in the event his supervisor required Petitioner to be summoned back to duty.

This Court further noted that Petitioner had his company issued radio in his possession, as well as his personal cell phone (both devices allowing the Employer express ability to summon Petitioner back to the LVMPD Area Command had the Employer so required while Petitioner remained "on the clock"). This Court further noted that in this specific set of facts confronted, the Petitioner was very similarly situated to the police officer in *Tighe v. Las Vegas Metro. Police Dep't*, 877 P.2d 1032 (1994), in that Petitioner here also had an express general duty as a law enforcement officer ~~that~~ while he traveled upon the public road; that he could not refuse a summon back while on still on the clock, that such summons had, in fact, occurred in the past to this particular Petitioner on no fewer than five occasions.

Further the Employer exerted its control over the Petitioner while he remained "on the clock" in that the Petitioner could not engage in drinking alcohol while on the LVMPD clock and had he done so would have been subject to the rightful disciplinary control of his LVMPD employer as testified to by both the LVMPD employer witness and Petitioner. All three facts are clear benefits to the LVMPD. Of course, while *Tighe* does not stand for proposition that all police officers driving home are in the course and scope of employment, it is nevertheless a broad exception granted to police officers. It is for this very reason that actual legal analysis be performed upon the salient facts of each such situation to ascertain the proper legal conclusion, which is what the Appeals Officer ~~utterly~~ failed to do.

Thus, it not the mere fact, in a vacuum, that Petitioner was "on the clock" that confers compensability here, but the express control exerted by the LVMPD employer over Petitioner and the benefits that the Employer received (more fully set forth in this Court's underlying Order ~~Grating~~ Granting the Petition for Judicial Review) at the time of the accident that is the basis of this court's reversal order of the Appeals Officer's clearly erroneous decision and order.

II. Respondent's Motion for Stay Denied

No stay is warranted here. Generally, there are four factors that must be weighed in order to obtain a stay and that burden is on the movant, here the Respondent. Those factors are (1) whether the object of the appeal or writ petition

will be defeated if the stay or injunction is denied; (2) whether appellant/petitioner will suffer irreparable or serious injury if the stay or injunction is denied; (3) whether respondent/real party in interest will suffer irreparable or serious injury if the stay or injunction is granted; and (4) whether appellant/petitioner is likely to prevail on the merits in the appeal or writ petition. See NRAP 8(c). See also *Hansen v. Eighth Judicial Dist. Court ex rel. County of Clark*, 116 Nev. 650, (2000). Here all four factors weigh, in varying degrees, against the Respondent.

The first and second factors of the test 1) whether the object of the appeal will most certainly not be defeated if a stay is not granted and 2) whether appellant/petitioner will suffer irreparable or serious injury if the stay or injunction is denied and very much intertwined here (Here the Respondent is the movant and thus the appellant for the purposes of the test). As noted in Respondent's own briefing it admits the need for immediate medical care by Petitioner at this stage has long since passed. Meaning, the Employer will very likely not be responsible for any such medical costs going forward. Indeed, even if they are, the Nevada Legislature has granted the ability of the Employer to recoup the medical costs against Petitioner's health insurance pursuant to the 2015 change in NRS 616C.138(5-6). The Respondent reliance on the notion that the payment of temporary total disability benefits (TTD) would result in irreparable harm here, is also undermined by its own briefing, namely that Petitioner is currently working full duty and has

been for several years now. Which necessarily means the likelihood of the Employer paying TTD benefits going forward on this claim is, for all intents and purposes, non-existent. And as Petitioner's Opposition noted, Claimant was already paid during his period of incapacity while he recovered from his industrial injuries thus the Respondent will not be issuing a retro-active payment to ~~Respondent~~ Petitioner. Thus, it is for these reasons the ~~Respondent~~ first two factors weigh against ~~it in~~ obtaining a stay.

Third, is whether respondent/real party in interest will suffer irreparable or serious injury if the stay or injunction is granted (here the Petitioner is the respondent regarding the Employer's motion for stay and appeal to the Nevada Supreme Court for the purposes of this test). This factor weighed least on this Court precisely because of the state of the claim and ~~Respondent~~ Petitioner's current non-existent need for medical care. However, this factor still tips in favor of the Petitioner and against the Respondent for two reasons. First, as the Nevada Supreme Court has noted the payment of industrial injury benefits, even those "incorrectly" paid and even on "uncertain" claims is the clear public policy of the State of Nevada. See *Ransier v. SIIS,* 104 Nev. 742, 766 P.2d 274 (1988) and *Wyphoski v. Sparks Nugget, Inc.,* 112 Nev. 413, 915 P.2d 261 (1996). And secondly, this Court further accepts Petitioner's argument that it is the policy of the State of Nevada that "justice delayed is justice denied". See *Dougan v.*

Gustaveson, 108 Nev. 517, 523 (1992) (recognizing the Nevada Supreme Court's commitment to the proposition that "justice delayed is justice denied", abrogated on other grounds by *Arnold v. Kip*, 123 Nev. 410 (2007)). Here Petitioner wrongfully had his industrial injury claim denied by the Employer. That wrong against Petitioner was further compounded when the Appeals Officer improperly upheld the Employer's denial and in so doing violated NRS 233B.135(3)(d-f), ~~as fully explained above in Section I of this Order~~. To continue to deny Claimant any industrial benefit, albeit the receipt of which at this point in time is unlikely, would further compound the injustice set upon Petitioner. Here, Petitioner has prevailed in his Petition and the underlying Appeals Officer's Decision and Order has been expressly reversed. This Court will not engage in furthering delaying justice to Petitioner by granting a stay, especially in light of the fact that other three factors to obtain a stay all weigh heavily against the Respondent.

Finally, the fourth factor is whether appellant/petitioner is likely to prevail on the merits in the appeal or writ petition. As fully set forth in the underlying Order that this Court issued reversing the Appeals Officer's Decision and Order, and further expounded upon hereinabove in Section I of this Order, it is evident that the Appeals Officer committed reversible error in rendering its Decision and Order and thus it is unlikely the Respondent will succeed in its appeal to the Nevada Supreme Court.

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It is for these reasons, a stay is not warranted here.

IT THEREFORE ORDERED that Respondent's Motion to Alter Judgment or in the Alternative to Stay Pending Appeal is **DENIED**.

Dated this 17 day of June 2019.

Ronald J. Israel
DISTRICT COURT JUDGE
RONALD J. ISRAEL
A18-779790-J

Respectfully submitted by:

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CERTIFICATION PURSUANT TO COURT GUIDELINES

Counsel submitting this document certifies as follows (check one):

_____ The court has waived the requirements set forth in the Guidelines;

_____ No party appeared at the hearing or filed an objection to the motion;

__X__ I have delivered a copy of this proposed order to all counsel who appeared at the hearing, and each has approved or disapproved the order, or failed to respond as indicated below:

[ ] Approved [ ] Disapproved [ ] Failed to Respond

_____

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