

1
2 **IN THE SUPREME COURT OF THE STATE OF NEVADA**

3 CITY OF HENDERSON, CANNON
4 COCHRAN MANAGEMENT
5 SERVICES,
6 INC. (CCMSI),

7 Appellants,

8 v.

9 JARED SPANGLER,

10 Respondent.

SUPREME COURT Electronically Filed
76295 Mar 13 2019 09:15 a.m.
Elizabeth A. Brown
Clerk of Supreme Court
DISTRICT COURT NO:
A-17-759871-J

11 **APPELLANTS' APPENDIX VOLUME 1**

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17 *City of Henderson and Cannon Cochran*
18 *Management Services, Inc.*

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1 **CERTIFICATE OF MAILING**

2 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on
3 the 12 day of March 2019, service of the attached **APPELLANTS'**
4 **APPENDIX VOLUME 1** was made this date by depositing a true copy of the
5 same for mailing, first class mail, and/or electronic service as follows:

6
7 Lisa Anderson, Esq.
8 GREENMAN, GOLDBERG, RABY & MARTINEZ
9 601 South Ninth Street
10 Las Vegas, NV 89101

11 City of Henderson
12 Attn: Sally Ihmels
13 P.O. Box 95050, MSC 127
14 Henderson, NV 89009-5050

15 CCMSI
16 Sue Riccio
17 P.O. Box 35350
18 Las Vegas, NV 89133

19 
20 _____
21 An employee of LEWIS, BRISBOIS,
22 BISGAARD & SMITH, LLP
23
24
25
26
27

1 TRNS
2 APPEALS OFFICE
3 2200 S. Rancho Drive Suite 220
4 Las Vegas NV 89102
5 (702) 486-2527

6 DISTRICT COURT
7 CLARK COUNTY, NEVADA

8 JARED SPANGLER,
9 Petitioner,

10 vs.

11 CITY OF HENDERSON, CANNON COCHRAN
12 MANAGEMENT SERVICES, INC. (CCMSI),
13 THE DEPARTMENT OF ADMINISTRATION,
14 HEARINGS DIVISION,

15 Respondents.

Case No.: A759871
Dept. No.: XVIII
ROA No.: 1802603-GB
Appeal No.: 1524756-GB

16 TRANSMITTAL OF RECORD ON APPEAL

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

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

21 1. The entire Record herein, including each and every pleading, document, affidavit,
22 order, decision and exhibit now on file with the Appeal Office, at 2200 S. Rancho Drive Suite
23 220, 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.

24 2. This Transmittal.

25 DATED this 12th day of SEPTEMBER, 2017.

26
27 
28 Lisa Schiller, Legal Secretary II
An Employee of the Hearings Division

1 ROA
2 APPEALS OFFICE
3 2200 S. Rancho Drive Suite 220
4 Las Vegas NV 89102
5 (702) 486-2527

6 DISTRICT COURT
7 CLARK COUNTY, NEVADA

8 JARED SPANGLER,

9 Petitioner,

10 vs.

11 CITY OF HENDERSON, CANNON COCHRAN
12 MANAGEMENT SERVICES, INC. (CCMSI),
13 THE DEPARTMENT OF ADMINISTRATION,
14 HEARINGS DIVISION,

15 Respondents.

Case No.: A759871
Dept. No.: XVIII
ROA No.: 1802603-GB
Appeal No.: 1524756-GB

16 RECORD ON APPEAL IN ACCORDANCE WITH THE
17 NEVADA ADMINISTRATIVE PROCEDURE ACT

18 JARED SPANGLER
19 3350 TUNDRA SWAN ST
20 LAS VEGAS NV 89122

21 LISA M ANDERSON ESQ
22 GREENMAN GOLDBERG RABY MARTINEZ
23 601 S NINTH ST
24 LAS VEGAS NV 89101

25 CITY OF HENDERSON
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27 240 S WATER ST MSC 122
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Appeal No.: 1524756-GB

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FILED

JUL 20 2017

NEVADA DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE**BEFORE THE APPEALS OFFICER**

In the Matter of the Contested
Industrial Insurance Claim

of

JARED SPANGLER
3550 TUNDRA SWAN ST.
LAS VEGAS, NV 89122,

Claimant.

Claim No.: 16C52G555847

Hearing No.: 1523393-MT

Appeal No. : 1524756-GB

Employer:

CITY OF HENDERSON
ATTN: SALLY IHMELS
P.O. BOX 95050 MSC 127
HENDERSON, NV 89009-5050

DECISION AND ORDER

The above-captioned appeal came on for hearing before Appeals Officer GEORGANNE W. BRADLEY, ESQ. The claimant, JARED SPANGLER (hereinafter referred to as "claimant"), was represented by his counsel, LISA M. ANDERSON, ESQ., of GREENMAN GOLDBERG RABY & MARTINEZ. The Employer, CITY OF HENDERSON (hereinafter referred to as "Employer"), was represented by DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH LLP.

On March 15, 2016, the 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, generating the instant hearing.

After considering the documentary evidence and the argument of counsel, the Appeals Officer finds and decides as follows:

FINDINGS OF FACT

1. On February 9, 2016, the claimant, JARED SPANGLER, alleges that has hearing loss and ringing in the ears which he attributes to job related exposure to loud noises. The claimant was seen by Dr. Blake at Anderson Audiology where hearing loss was noted. The claimant

1 appears to have failed to have revealed his earlier 2005 denied hearing loss claim or that the claimant
2 apparently has been working a desk job for the last 5-6 years. (Exhibit A at 1)

3 2. The Employer's Report of Industrial Injury or Occupational Disease notes a
4 nearly one month delay in reporting the hearing loss. (Exhibit A at 2)

5 3. The Employer's First Notice of Injury or Occupational Disease notes that the
6 claimant alleges exposure to excessive loud noises and that he has had tinnitus for several years.
7 (Exhibit A at 3)

8 4. The claimant has previously filed a hearing loss claim in November of 2005.
9 On February 22, 2006, Dr. Manthei noted that the claimant's family had a positive history of hearing
10 loss. He noted that MRI testing revealed that the claimant had revealed "a contrast enhancement of
11 the left internal auditory canal suggesting extrinsic compression from a neoplastic process of the
12 brain." It was concluded that the claimant's symptomatology was most likely due to a nonindustrial
13 component, and that the claimant's hearing loss should not be considered to be industrial in nature. A
14 claim denial determination for the November 1, 2005, hearing loss claim was issued on March 7,
15 2006. (Exhibit A at 4-21)

16 5. Hearing testing has been performed throughout the claimant's employment with
17 the City of Henderson. (Exhibit A at 22-34)

18 6. As a result of hearing testing in October of 2015, the claimant was seen by Dr.
19 Blake at Anderson Audiology. A hearing loss was found which was found to be suggestive loss due
20 to noise exposure. (Exhibit A at 35-38)

21 7. A medical release was signed by the claimant on February 9, 2016. (Exhibit A
22 at 39)

23 8. On March 2, 2016, the claimant was seen by Dr. Theobald. The claimant
24 complained of difficulty in hearing conversational speech, particularly women and children's voices,
25 especially in the presence of background noise. It was noted that the claimant has a "possible tumor
26 located in the area of the left cochlear nerve." It was recommended that the claimant be seen by a
27 neuro-otologist to assess the potential likelihood of left sided cochlear pathology. (Exhibit A at 40-
28 43)

9. On March 15, 2016, a claim denial determination was issued. However, it was noted that bills related to Dr. Theobold's evaluation would be paid. (Exhibit A at 44)

10. On March 28, 2016, the claimant appealed the claim denial determination. (Exhibit A at 45) This appeal was transferred directly to the Appeals Officer. (Exhibit A at 46)

11. Claimant provided fifty-one (51) pages of evidence which was reviewed and duly considered. (Exhibits 1-2)

12. These Findings of Fact are based upon substantial evidence within the record.

13. 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 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).

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.

1 4. Claimant was unable to meet his burden of proof in this case. He was unable to
2 demonstrate that his hearing loss is a compensable industrial injury.

3 5. Under NRS 616C.150 and NRS 617.358, the claimant has the burden of proof
4 to show that the injury arose out of and in the course of employment. The claimant must satisfy this
5 burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an employee is
6 only entitled to compensation if he is injured in the course and scope of his employment.

7 6. The Nevada Supreme Court has held that:

8 An accident or injury is said to arise out of employment when
9 there is a causal connection between the injury and the employee's
10 work ... the injured employee must establish a link between the
11 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.

12 Rio Suite Hotel v. Gorsky, 113 Nev. 600 (1997).

13 7. Some courts have found a distinction between "the course of employment" and
14 "arising out of employment." In addition to occurring while at work, the injury must result from a
15 hazard connect with the employment. See, Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996).

16 8. In Nevada, the Supreme Court has defined the term "arose out of," as contained
17 in NRS 616C.150, to mean that there is a causal connection between the injury and the employee's
18 work. In other words, the injured party must establish a link between the workplace conditions and
19 how those conditions caused the injury. Further, the claimant must demonstrate that the origin of the
20 injury is related to some risk involved within the scope of employment. The claimant has failed to
21 meet his burden in this regard, especially given the prior 2006 claim denial and the intervening
22 primarily desk job assignment of the claimant.

23 9. NRS 616A.030 defines an accident as "... an unexpected or unforeseen event
24 happening suddenly and violently, with or without human fault, and producing at the time objective
25 symptoms of an injury." As explained above, there is no known acute trauma or specific mechanism
26 of injury, therefore, no statutory accident has been established.

10. 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 . . .” Here, there is no statutory injury for the reasons set forth above.

11. 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).

12. 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.” Given the lack of any fully informed medical opinion making an industrial causal connection to a reasonable degree of medical probability, claim denial was legal and proper.

13. Further, the Nevada Supreme Court held in Mitchell v. Clark County School District, 121 Nev. 179, 111 P.3d 1104 (2005):

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. In other words, the injured party must establish a link between the workplace conditions and how those conditions caused the injury. Further, a claimant must demonstrate that the origin of the injury is related to some risk involved within the scope of employment. However, if an accident is not fairly traceable to the nature of employment or the workplace environment, then the injury cannot be said to arise out of the claimant’s employment. Finally, resolving whether an injury arose out of employment is examined by a totality of the circumstances.

14. The Court in Rio Suite Hotel & Casino v. Gorsky, 113 Nev. 600, 605 939 P2d. 1043 (1997) 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 Court concluded by stating, “The requirements of ‘arising out of and in the course of employment’ make it clear that a claimant must establish more than being at work and suffering an injury in order to recover.”

1 15. The Court in Rio All Suite Hotel and Casino v. Phillips, 126 Nev. Ad. Opn. 34
2 (2010) clarified Mitchell. It indicated that:

3 “The appeals officer found that Phillips’ case was ‘distinguishable’
4 from Mitchell because Phillips’ injury did not result from an
5 ‘unexplained fall.’ Without elaborating, the appeals officer also stated
6 that ‘[t]he Mitchell [c]ourt mentions the inherent dangerousness of
7 stairways.’ . . . [The Court in Rio further discussed Mitchell: “The
8 employee argued that because she did not have a health affliction that
9 caused her to fall and ‘because staircases are inherently dangerous,’ her
10 injury “arose out of her employment.” . . . The appeals officer
11 determined that the employee’s fall did not arise out of her
12 employment, and the district court denied her petition for judicial
13 review.”. . . [Our finding in Mitchell was that] “[T]he employee must
14 show that ‘the origin of the injury is related to some risk involved
15 within the scope of employment . . . thus, because the [Mitchell]
16 employee could not explain how the conditions of her employment
17 caused her to fall . . . we determined that the appeals officer correctly
18 concluded that she failed to demonstrate the requisite ‘causal
19 connection.”

13 16. The claimant has failed to establish that the origin of his injury, is related to
14 some risk in the course of employment, given the claimant’s past denied hearing loss claim and
15 subsequent apparent assignment to a desk job, and given the lack of any acute trauma or specific
16 mechanism of injury.

17 17. Furthermore, the claimant has not met the requirements of NRS 617.440 to
18 establish a compensable occupational disease. That statute states:

19 NRS 617.440 Requirements for occupational disease to be deemed
20 to arise out of and in course of employment; applicability.

21 1. An occupational disease defined in this chapter shall be
22 deemed to arise out of and in the course of the employment if:

23 (a) There is a direct causal connection between the conditions
24 under which the work is performed and the occupational disease;

25 (b) It can be seen to have followed as a natural incident of the
26 work as a result of the exposure occasioned by the nature of the
27 employment;

28 (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.

4. In cases of disability resulting from radium poisoning or exposure to radioactive properties or substances, or to roentgen rays (X rays) or ionizing radiation, the poisoning or illness resulting in disability must have been contracted in the State of Nevada.

5. The requirements set forth in this section do not apply to claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

18. Therefore, since the claimant has failed to establish both an injury by accident or an occupational disease, the Appeals Officer finds that claimant has failed to establish a compensable industrial claim and same was properly denied.


DECISION AND ORDER

The claimant, JARED SPANGLER, has failed to establish a compensable industrial injury claim.

IT IS HEREBY ORDERED that the March 15, 2016 determination denying the claim is AFFIRMED.

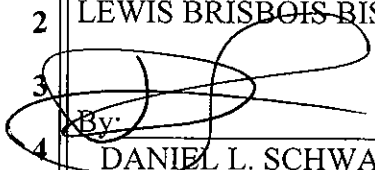
IT IS SO ORDERED.

DATED this 20th day of July, 2017.


GEORGANNE W. BRADLEY, ESQ.
APPEALS OFFICER

NOTICE: Pursuant to NRS 233B.130, 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 by mail of this decision.

1 Submitted by:
2 LEWIS BRISBOIS BISGAARD & SMITH LLP

3 
4 By: DANIEL L. SCHWARTZ, ESQ.
5 Nevada Bar No. 005125
6 2300 W. Sahara Avenue, Ste. 300, Box 28
7 Las Vegas, Nevada 89102
8 Attorney for the Employer
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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Appeals 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 file maintained by the Division, 2200 South Rancho Drive, Second Floor, Las Vegas, Nevada, to the following:

JARED SPANGLER
3550 TUNDRA SWAN ST.
LAS VEGAS, NV 89122

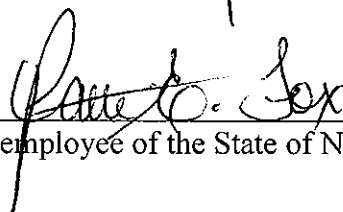
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P.O. BOX 35350
LAS VEGAS, NV 89133

Daniel L. Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith LLP
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, NV 89102

DATED this 20th day of July, 2017.


An employee of the State of Nevada



LEWIS BRISBOIS BISGAARD & SMITH LLP

Daniel L. Schwartz
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
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Direct: 702.583.6001

June 21, 2017

File No.: 26990-1176

Georganne Bradley, Esq., Appeals Officer
NEVADA DEPT. OF ADMINISTRATION
Appeals Division, Appeals Office
2200 South Rancho Drive., Suite 220
Las Vegas, NV 89702

RE: Claimant : Jared Spangler
Employer : City of Henderson
Claim No. : 16C52G555847
Appeal No. : 1524756-GB

STATE OF NEVADA
DEPT. OF ADMINISTRATION
APPEALS DIVISION
JUL 1 15 2017
JUL 1 15 2017
JUL 1 15 2017

Dear Appeals Officer Bradley:

Attached for your review is the proposed Decision and Order in the above-referenced matter. In the event that further 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 the Claimant's counsel the opportunity to review the proposed Decision and Order.

Thank you for your time and attention in this matter. If you have any questions or concerns related hereto, please feel free to contact me directly.

Very truly yours,

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

DLS:jhb

Enclosure

cc: Lisa M. Anderson, Esq. (Via Electronic Mail)

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER**

In the Matter of the Contested
Industrial Insurance Claim of:

JARED SPANGLER,

Claimant.

Claim No. : 15C52G555847

Appeal No. : 1524756-GB

RECEIVED
AND
FILED
07 APR 20 AM 9:58
STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION

CLAIMANT'S APPEAL MEMORANDUM

COMES NOW Claimant, JARED SPANGLER, by and through his attorneys GABRIEL A. MARTINEZ, ESQ. and LISA M. ANDERSON, ESQ. of the law firm, GREENMAN, GOLDBERG, RABY & MARTINEZ, and submits his memorandum for the hearing on the instant matter. In support of his position, Claimant states as follows:

ISSUE

Whether the Insurer's March 15, 2016 claim denial determination was proper.

STATEMENT OF THE CASE

On or about February 9, 2016, Claimant, JARED SPANGLER, reported the development of occupationally related hearing loss and tinnitus that was sustained and accelerated while in the course and scope of his employment as a police officer for the City of Henderson. On that date, Claimant reported extensive exposure to unprotected loud noises during his career as a police officer. Liability for the claim was erroneously denied. Claim denial is the subject of this appeal.

STATEMENT OF THE FACTS

Claimant participated in annual physicals, including hearing tests, as part of his employment as a police officer. **SEE CLAIMANT'S PAGES 1-12.** Claimant demonstrated

Greenman Goldberg Raby Martinez
ACCIDENT INJURY ATTORNEYS

1 minor hearing deficits when he was hired as a police officer in 2003. However, Claimant's
2 hearing progressively worsened to a moderate to severe level by the time he filed the claim.

3 On February 9, 2016, Claimant presented to Amanda Blake, Au.D for an audiology
4 evaluation. At that time, Ms. Blake noted Claimant's employment history as a police officer
5 began in 2003, with eleven (11) years on active patrol. During this time, **Ms. Blake opined that**
6 **Claimant's hearing has progressively worsened as a result of being "exposed to sirens,**
7 **gunfire during range qualifications, and a radio piece in his left ear, and then a lapel**
8 **microphone on his left side."** Ms. Blake was provided with copies of the annual hearing
9 examinations dating back to Claimant's 2003 hire date, and she confirmed that Claimant
10 sustained **ADDITIONAL BILATERAL HEARING LOSS SINCE HIS HIRE DATE,**
11 **LEFT WORSE THAN RIGHT.** Ms. Blake concluded that Claimant's "standard pure tone
12 testing revealed borderline normal hearing, 0.25-2k Hz, sloping to a moderate high frequency
13 sensorineural hearing loss in the right ear" and a "mild sloping to severe sensorineural hearing
14 loss in the left ear with a notch present at 6k Hz." **Ms. Blake confirmed that it was her opinion**
15 **that his hearing loss was "not a consequence of the normal aging process for either ear and**
16 **is suggestive of noise exposure."** Ms. Blake completed a C-4 form and opined that Claimant's
17 hearing loss was **DIRECTLY RELATED** to his employment as a police office. Ms. Blake
18 recommended binaural amplification. **SEE CLAIMANT'S PAGES 13-17.**

19 On March 1, 2016, Claimant was evaluated by Roger Theobald, Au.D, who confirmed
20 that he reviewed the prior medical records pertaining to Claimant's annual hearing tests,
21 reporting from Dr. Scott Manthei in 2005, and reporting from Ms. Blake. **Mr. Theobald also**
22 **reported that Claimant's job as a police officer exposed him to loud noises while on the job**
23 **with the Henderson Police Department.** Mr. Theobald verified that Claimant had mild to
24
25
26
27
28

1 moderate hearing loss in the left ear and normal to mild high frequency hearing loss in the right
2 ear at the time of his 2003 hiring. **In the years following Claimant's 2003 hire date, Mr.**
3 **Theobald opined that Claimant's "hearing has significantly decreased bilaterally. Hearing**
4 **decrease is considered significant if a change of 10dB or more occur at three or more**
5 **hearing thresholds."** Mr. Theobald verified that there is a likelihood of a pre-existing
6 underlying condition contributing to Claimant's hearing loss in the left ear, **"however, there is**
7 **a high probability that Mr. Spangler's threshold shift may be as a result of on the job noise**
8 **exposure."** Testing performed by Mr. Theobald revealed "pure tone hearing threshold show a
9 mild to moderately severe sensorineural hearing loss in the right ear and a moderate to
10 moderately severe sensorineural hearing loss in the left." Mr. Theobald recommended that
11 Claimant be provided with hearing aids and be scheduled to see a neuro-otologist to evaluate for
12 a left sided cochlear pathology. **SEE CLAIMANT'S PAGES 18-21.**

13 On March 15, 2016, the Insurer denied liability for Claimant's claim for bilateral hearing
14 loss. **SEE CLAIMANT'S PAGE 40.** Claimant appealed that determination to the Hearing
15 Officer. Prior to the hearing, the parties agreed to transfer the matter to the Appeals Officer.

16 On November 23, 2016, Claimant sent a letter to Dr. Steven Becker asking him whether
17 Claimant's hearing loss was work related and, if not, whether Claimant's exposure to work
18 related noise contributed to the hearing loss and tinnitus. On December 23, 2016, Dr. Becker
19 opined that Claimant's hearing loss was not work related, however, Dr. Becker confirmed that
20 it was his opinion that Claimant's work related noise exposure **"contributed"** to the hearing loss
21 and tinnitus. Dr. Becker based his opinion on the **"original hearing test (performed in) 2003**
22 **revealed losses bilaterally, worse in the left and hearing has steadily worsened" since that**
23 **time."** **SEE CLAIMANT'S PAGES 47-51.**

ARGUMENT

NRS 616C.175 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related injury by incident which is not employment related.

1. The resulting condition of an employee who:

(a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and

(b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition, Æ shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition.

2. The resulting condition of an employee who:

(a) Sustains an injury by accident arising out of and in the course of his or her employment; and

(b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his or her employment, Æ shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the injury described in paragraph (a) is not a substantial contributing cause of the resulting condition.

(Added to NRS by 1993, 663; A 1995, 2147; 1999, 1777)

The Insurer has denied liability for Claimant's bilateral hearing loss and tinnitus. The Insurer based its denial on the fact that Claimant had some hearing deficit at the time of his 2003 hire date. Claimant has acknowledged the hearing deficit from 2003, however, he maintains that subsequent hearing loss and tinnitus associated with employment related noise exposure accelerated his future hearing losses.

The reporting from the audiologists that evaluated Claimant, Ms. Blake and Mr. Theobald, establishes that Claimant had some hearing loss at the time of his 2003 hire as a police

1 officer. However, these audiologists verified that Claimant's hearing loss progressively
2 worsened due to employment related noise exposure.

3
4 **Ms. Blake confirmed that it was her opinion that Claimant's hearing loss was "not**
5 **a consequence of the normal aging process for either ear and is suggestive of noise**
6 **exposure."** Ms. Black noted that during his eleven (11) years on active patrol, Claimant's
7 **hearing has progressively worsened as a result of being "exposed to sirens, gunfire during**
8 **range qualifications, and a radio piece in his left ear, and then a lapel microphone on his**
9 **left side."**

10
11 Mr. Theobald verified that there is a likelihood of a pre-existing underlying condition
12 contributing to Claimant's hearing loss in the left ear, **"however, there is a high probability**
13 **that Mr. Spangler's threshold shift may be as a result of on the job noise exposure."** In the
14 years following Claimant's 2003 hire date, Mr. Theobald opined that Claimant's **"hearing**
15 **has significantly decreased bilaterally. Hearing decrease is considered significant if a**
16 **change of 10dB or more occur at three or more hearing thresholds."**

17
18 Furthermore, Dr. Becker confirmed that, while Claimant's job did not cause the hearing
19 loss, his job was absolutely a "contributing factor" in the loss that developed after his 2003 hire
20 date as a police officer.

21
22 NRS 616C.175 addresses the issue of when an industrial injury "aggravates, precipitates
23 or accelerates" a pre-existing condition. This statute mandates that an Insurer is responsible for
24 treatment related to a pre-existing condition **IF** the industrial injury "aggravates, precipitates or
25 accelerates" the pre-existing condition. Moreover, if the Insurer denies responsibility for
26 treatment related to a pre-existing condition, this statute requires the **Insurer** to **"prove** by a
27
28

1 preponderance of the evidence that the subsequent (industrial) injury **is not** a substantial
2 contributing cause of the resulting condition.”

3
4 In this case, the Insurer has completely failed to meet its statutory obligation of proving
5 by “a preponderance of the evidence” that Claimant’s occupationally related noise exposure is
6 “not a substantial contributing cause of the resulting condition.” Claimant began experiencing
7 **INCREASED** hearing loss and the development of tinnitus symptoms **AFTER** his 2003 hire
8 date as a police officer. This fact was documented in Ms. Blake, Mr. Theobald and Dr. Becker’s
9 reporting. Claimant’s job as a police officer regularly exposed him to extremely loud sirens,
10 unprotected sounds of gunfire, a radio piece in the left ear and a lapel radio in close proximity
11 to this left ear. It was during these activities that resulted in the acceleration of hearing loss
12 following his 2003 hire date.

13
14 Claimant experienced minimal hearing deficit at the time of his 2003 hire date. During
15 the subsequent years of active patrol duty, Claimant was exposed to wide-ranging sources of
16 loud noise without protection. In fact, the reporting verified that Claimant’s increased hearing
17 loss in the left ear compared to the right ear was related to the use of the ear piece in the left ear
18 and the lapel radio on the left side. These exposures were a “contributing factor” in Claimant’s
19 accelerated hearing loss and the development of tinnitus. The current level of hearing loss has
20 been directly related to his occupation as a police officer.

21
22 Therefore, Claimant’s job as a police officer **is clearly the primary contributing cause**
23 of the current level of hearing loss and the development of tinnitus. The reporting from Ms.
24 Blake, Mr. Theobald and Dr. Becker confirms that Claimant’s occupation noise exposure was
25 the **PRIMARY CONTRIBUTING CAUSE** of the current hearing loss and tinnitus. Although
26 there was a pre-employment finding of mild hearing loss at the time of his 2003 hiring as a
27
28

1 police officer, the subsequent deterioration of his hearing abilities and current need for hearing
2 aids is directly related to his employment as a police officer. Therefore, based upon the extensive
3 nature of the industrial noise exposures, Claimant's worsening hearing loss and tinnitus is
4 industrially related.
5

6 CONCLUSION

7 The Insurer has failed to meet its burden of proof under NRS 6161C.175, and, therefore,
8 their determination denying further spinal treatment must be REVERSED by the Appeals
9 Officer. The Insurer must be ORDERED to accept liability of the industrially accelerated
10 hearing loss and development of tinnitus as a compensable industrial injury.
11

12 WITNESSES

13 The Claimant may testify. Claimant reserves the right to call additional witnesses, as
14 necessary, and to cross-examine all Insurer/Employer witnesses.
15

16 Respectfully submitted, and DATED this 19th day of April, 2017.

17 GREENMAN, GOLDBERG, RABY & MARTINEZ

18
19
20 By: 

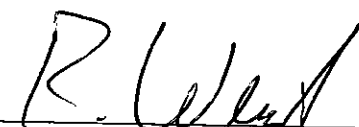
LISA M. ANDERSON, ESQ.

21 Nevada Bar No. 004907
22 601 South Ninth Street
23 Las Vegas, Nevada 89101
24 Attorney for Claimant
25
26
27
28

CERTIFICATE OF SERVICE

I do hereby certify that on the 20th day of April, 2017, I caused a true and correct copy of the foregoing, **CLAIMANT'S HEARING MEMORANDUM**, to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Daniel L. Schwartz, Esq.
LEWIS BRISBOISE BISGAARD & SMITH
2300 West Sahara Avenue
Suite 300, Box 28
Las Vegas, Nevada 89102-4375


An employee of GREENMAN, GOLDBERG, RABY & MARTINEZ

Greenman Goldberg Raby Martinez /
ACCIDENT INJURY ATTORNEYS

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

JARED SPANGLER,

Claimant.

Claim No: 15C52G555847

Appeal No: 1524756-GB

FILED
FEB 22 2017
APPEALS OFFICE

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: April 26, 2017

TIME: 4:00PM

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 February, 2017.


GEORGANNE W BRADLEY, 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:

JARED SPANGLER
3550 TUNDRA SWAN ST
LAS VEGAS NV 89122-3501

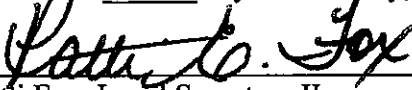
LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

CITY OF HENDERSON
ATTN SALLY IHMELS
240 S WATER ST MSC 127
HENDERSON NV 89015-7227

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 22nd day of February, 2017.


Patti Fox, Legal Secretary II
Employee of the State of Nevada

1 **BEFORE THE APPEALS OFFICER**

2
3 In the Matter of the Contested
4 Industrial Insurance Claim

Claim No.: 15C52G555847

5 JARED SPANGLER,

Appeal No.: 1524756-GB

6 Claimant.

7
8 **CLAIMANT'S SUPPLEMENTAL EVIDENCE PACKAGE**

9 COMES NOW the Claimant and submits the following evidence package attached
10 hereto, collectively marked as Exhibit "2" as follows:

11 **DOCUMENT**

PAGE NO.

12 1. Letter to Dr. Steven Becker dated November 23, 2016

047-051

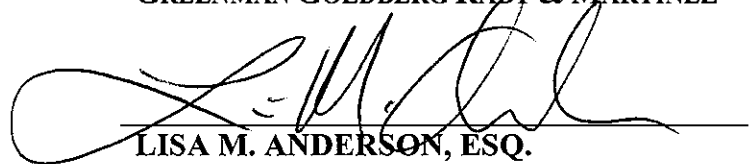
13 **AFFIRMATION PURSUANT TO NRS 293B.030**

14
15 The Undersigned does hereby affirm that the attached exhibits do not contain the
16 personal information of any person.

17 Dated this 29th day of December, 2016.

18 Respectfully submitted,

19 **GREENMAN GOLDBERG RABY & MARTINEZ**

20
21 

LISA M. ANDERSON, ESQ.

22 Nevada Bar No. 4907

23 601 South Ninth Street

24 Las Vegas, NV 89101

25 Phone: 702.384.1616 ~ Fax: 702.384.2990

26 Attorney for Claimant

27 ///

28 ///

///

CERTIFICATE OF MAILING

I do hereby certify that on the 29 day of December, 2016, I caused a true and correct copy of the foregoing **CLAIMANT'S SUPPLEMENTAL EVIDENCE PACKAGE** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, hearings Division, 2200 S. Rancho Dr., Suite 210, Las Vegas, NV to the following:

Daniel L. Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith, LLP
2300 W. Sahara Ave., Ste. 300, Box 28
Las Vegas, NV 89102-4375


An Employee of GREENMAN, GOLDBERG
RABY & MARTINEZ

DEC/07/2016/WED 02:21 PM LAW OFFICES OF GGRM
5500364900

FAX No. 702 384 2990

P. 001/005

P. 01/01

TRANSACTION REPORT

NOV/23/2016/WED 01:39 PM

BROADCAST

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
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002		01:37PM	7029334861	0:00:49	4	MEMORY OK	SG3 8002
003		01:38PM	7023669563	0:01:42	4	MEMORY OK	GS 8002
TOTAL				0:03:16	12		

GREENMAN, GOLDBERG, RABY & MARTINEZ

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

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AUBREY GOLDBERG
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THADDEUS J. YUREK, III

501 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1618
FACSIMILE: (702) 384-2990

November 23, 2016

Via Facsimile & US Mail (702) 382-1822

Steven Becker, MD
700 Shadow Lane #235
Las Vegas, NV 89106

Re: Our Client : Jared Spangler
Date of Incident : 1/14/16
Date of Birth : 7/2/79
Our File Number : 16-207TY

Dear Dr. Becker:

As you may be aware, this law firm represents Mr. Spangler regarding hearing loss and tinnitus which he alleges he incurred over the course of his career as a City of Henderson Police Officer. Mr. Spangler has been employed as a Police Officer since 2003 he has been exposed to excessive loud noises such as sirens, gunfire during range qualification and radio traffic by way of wearing an ear piece in his left ear.

After his annual physical in 2015, there was indication of hearing loss and Mr. Spangler was referred to Dr. Blake of Anderson Audiology who noted that his hearing loss was most likely attributed to exposure to loud noises. Additionally, Mr. Spangler was evaluated by Dr. Roger Theobald who indicated that there is a high probability Mr. Spangler's loss of hearing may be as a result of on the job noise exposure.

On March 15, 2016, CCMSI issued a claim denial for bilateral hearing loss citing that Mr. Spangler's hearing loss was non-industrial and pre-existing in nature. However, pursuant to NRS 617.440, an occupational disease shall be deemed to arise out of and in the course of employment if there is a direct casual connection between the conditions under which the work is performed. Additionally, NRS 617.366 as well as NRS 616C.175 states that employment related aggravation of pre-existing condition which is not employment related but is subsequently aggravated, precipitated or accelerated by the occupational disease in a manner that does arise out of and in the course of employment shall be deemed an occupational disease that is compensable. I have enclosed a copy of these statutes for your review and reference.

GREENMAN, GOLDBERG, RABY & MARTINEZ
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

JOHN A. GREENMAN
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501 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1818
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November 23, 2016

Via Facsimile & US Mail (702) 382-1822

Steven Becker, MD
700 Shadow Lane #235
Las Vegas, NV 89106

Re:	Our Client	:	Jared Spangler
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On March 15, 2016, CCMSI issued a claim denial for bilateral hearing loss citing that Mr. Spangler's hearing loss was non-industrial and pre-existing in nature. However, pursuant to NRS 617.440, an occupational disease shall be deemed to arise out of and in the course of employment if there is a direct casual connection between the conditions under which the work is performed. Additionally, NRS 617.366 as well as NRS 616C.175 states that employment related aggravation of pre-existing condition which is not employment related but is subsequently aggravated, precipitated or accelerated by the occupational disease in a manner that does arise out of and in the course of employment shall be deemed an occupational disease that is compensable. I have enclosed a copy of these statutes for your review and reference.

DEC/07/2016/WED 02:22 PM LAW OFFICES OF CGRM

FAX No. 702 384 2990

P. 003/005

GREENMAN, GOLDBERG, RABY & MARTINEZ

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601 SOUTH NINTH STREET
 LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1010
 FACSIMILE: (702) 384-2990

Therefore, at this time, we are respectfully requesting that you review the attached statutes and provide your medical opinion on the following questions:

1. With respect to Mr. Spangler's bilateral hearing loss and tinnitus, to a reasonable degree of medical probability, is his hearing loss work related?

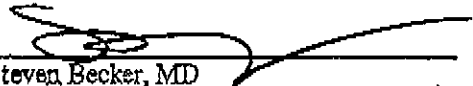
Yes: _____ No: ✓

Please explain: _____

2. If Mr. Spangler's bilateral hearing loss and tinnitus is not originated by his working conditions, is the work exposure a contributory factor pursuant to the Statutes outlined in this letter?

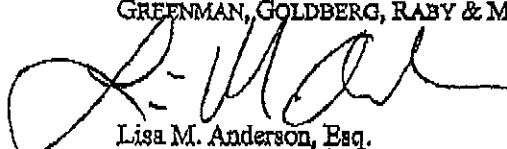
Yes: ✓ No: _____

Please explain: ORIGINAL HEARING TEST 2003
revealed losses bilaterally, worse in the left ear.
Hearing has steadily worsened.

Signed:  Date: 12/23/16
 Steven Becker, MD

Your time and attention to this matter is greatly appreciated. Please do not hesitate to contact me directly should you have any questions concerning this matter.

Yours Very Truly,
 GREENMAN, GOLDBERG, RABY & MARTINEZ



Lisa M. Anderson, Esq.
 Thaddeus J. Yurek, III, Esq.
 Gabriel A. Martinez, Esq.

Cc: CCMSI / D. Schwartz, Esq. / J. Spangler / File
 Encl: NRS 617.440; NRS 617.366 and NRS 616C.175

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.

4. In cases of disability resulting from radium poisoning or exposure to radioactive properties or substances, or to roentgen rays (X-rays) or ionizing radiation, the poisoning or illness resulting in disability must have been contracted in the State of Nevada.

5. The requirements set forth in this section do not apply to claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

[Part 26:44:1947; A 1949, 365; 1953, 297] — (NRS A 1961, 589; 1963, 874; 1967, 685; 1983, 458; 2007, 3366)

NRS 617.366 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related occupational disease by incident which is not employment related.

1. The resulting condition of an employee who:

(a) Has a preexisting condition from a cause or origin that did not arise out of and in the course of the employee's current or past employment; and

(b) Subsequently contracts an occupational disease which aggravates, precipitates or accelerates the preexisting condition,

→ shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapters 616A to 617, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition.

2. The resulting condition of an employee who:

(a) Contracts an occupational disease; and

(b) Subsequently aggravates, precipitates or accelerates the occupational disease in a manner that does not arise out of and in the course of his or her employment,

→ shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapters 616A to 617, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition.

(Added to NRS by 1993, 762; A 1995, 2162; 1999, 1804)

NRS 616C.175 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related injury by incident which is not employment related.

1. The resulting condition of an employee who:

(a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and

(b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition,

→ shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition.

2. The resulting condition of an employee who:

(a) Sustains an injury by accident arising out of and in the course of his or her employment; and

(b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his or her employment,

→ shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the injury described in paragraph (a) is not a substantial contributing cause of the resulting condition.

(Added to NRS by 1993, 663; A 1995, 2147; 1999, 1777)

FILED**OCT 13 2016****APPEALS OFFICE**BEFORE THE APPEALS OFFICER

In the Matter of the Industrial
Insurance Claim of:

SPANGLER, JARED

Claimant.

Claim No: 15C52G555847

Appeal No: 1524756-GB


ORDER SETTING HEARING READINESS STATUS REPORT

This matter is set for a **HEARING READINESS STATUS REPORT** on

November 15, 2016

On the date listed above, each and every attorney/party representative involved in this case shall submit a written report regarding the current status of the Appeal. Please provide the case status to the Appeals Officer in writing or to Patti Fox via e-mail at pfox@admin.nv.gov.

IT IS SO ORDERED this 13th day of October, 2016.


Georganne W Bradley, 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 **ORDER SETTING HEARING READINESS 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:

JARED SPANGLER
3550 TUNDRA SWAN ST
LAS VEGAS NV 89122-3501

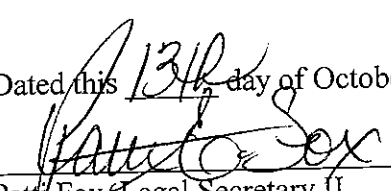
LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
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CITY OF HENDERSON
ATTN SALLY IHMELS
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DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 13th day of October, 2016.


Patricia Fox, 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

JARED SPANGLER
 3550 TUNDRA SWAN ST.
 LAS VEGAS, NV 89122,
 Claimant.

Claim No.: 16C52G555847

Hearing Nos.: 1523393

Appeal Nos.: 1524756-GB

Employer:
 CITY OF HENDERSON
 ATTN: ROBERT OSIP
 P.O. BOX 95050 MSC 127
 HENDERSON, NV 89009-5050

DOH: 06/20/16 AT 1:00 P.M.

EMPLOYER'S INDEX OF DOCUMENTS

COMES NOW the Employer, CITY OF HENDERSON (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ. and LEWIS BRISBOIS BISGAARD & SMITH, 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 14 day of June, 2016.

Respectfully submitted,

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

Phone: (702) 893-3383

Fax: (702) 366-9563

Attorneys for Employer

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CERTIFICATE OF MAILING

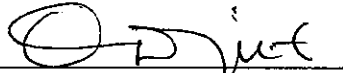
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S INDEX OF DOCUMENTS** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

THADDEUS J. YUREK, III, ESQ.
601 S. 9TH ST.
LAS VEGAS, NV 89101

CITY OF HENDERSON
ATTN: ROBERT OSIP
P.O. BOX 95050 MSC 127
HENDERSON, NV 89009-5050

CCMSI
P.O. BOX 35350
LAS VEGAS, NV 89133

DATED this 14th day of June, 2016.



An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

02/11/2016 10:00AM FAX 1025216057

ANDERSON AUDIO

00004/0001

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 JARED	M.I. F.	Last Name SPANGLER	Birthdate 7/2/79	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)		
Home Address 3550 TUNDRA SWAN ST			Age 36	Height 600	Weight 210	Social Security Number	
City LV	State NV	Zip 89022	Telephone 702-461-1780		Primary Language Spoken ENGLISH		
Mailing Address City S/A			State	Zip	Employer's Occupation (Job Title) When Injury or Occupational Disease Occurred POLICE OFFICER		
INSURER LOOMIS			THIRD-PARTY ADMINISTRATOR		Employer's Name/Company Name CITY OF HENDERSON		
Office Mail Address (Number and Street) 223 LEAD ST, HEND. NV, 89015			Telephone 702-267-5000		Supervisor to Whom Injury Reported SGT. JASON KUZIK		
Date of Injury (if applicable) N/A	Hours Injury (if applicable) am pm	Date Employer Notified 1/16	Last Day of Work After Injury or Occupational Disease N/A		Supervisor to Whom Injury Reported SGT. JASON KUZIK		
Address or Location of Accident (if applicable) HENDERSON							
What were you doing at the time of the accident? (if applicable) JOB RELATED ACTIVITIES							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) EXPOSURE TO LOUD NOISES							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? AFTER BEING HIRED						Witnesses to the Accident (if applicable) N/A	
Nature of Injury or Occupational Disease HEARING & RINGING IN EARS				Part(s) of Body Injured or Affected EARS			
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 818A TO 818D, INCLUSIVE OR CHAPTER 617 OF NAB). 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 2/9/16	Place	Employee's Signature 					
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Place Anderson Audiological - Henderson location	Name of Facility						
Date 2/5/16	Diagnosis and Description of Injury or Occupational Disease Right: baseline normal, 0.15-2.0 Hz, sloping to moderate high frequency sensorineural hearing loss. Left: mild sloping to severe sensorineural hearing loss with notch present at 4 kHz.			Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)			
Hour 11:00 am	Treatment: Binaural amplification upon medical clearance, annual hearing evaluations, and use of hearing protection in noise			Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input checked="" type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____			
X-Ray Findings: N/A							
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Based on baseline conductive or another hearing and testing provided by medical							
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes) patient noted some noise exposure from work as a mechanic for 2 years during high school.							
Date 2/9/16	Print Doctor's Name Amanda Blake			I certify that the employer's copy of this form was mailed to the employer on:			
Address 3120 S. Rainbow Blvd, #202				INSURER'S USE ONLY			
City Las Vegas	State NV	Zip 89146	Provider's Tax I.D. Number 26-2948435	Telephone 702-233-4327	Degree A.U.D.		
Doctor's Signature 				RECEIVED			

FEB 11 2016

Form C-4 (Rev. 10/97)

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

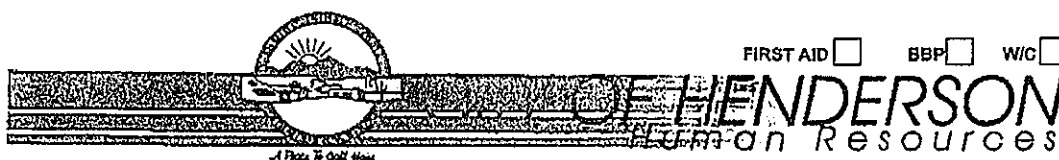
PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYEE

City of Henderson
Public Management Division

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 CITY OF HENDERSON			Nature of Business (mfg., etc.) Municipality		FEIN 886000720		OSHA Log # G555847	
	Office Mail Address 240 WATER STREET MSC 127			Location ... If different from mailing address				Telephone 702-267-1922	
	City HENDERSON	State NV	Zip 89015	INSURER City of Henderson			THIRD-PARTY ADMINISTRATOR CCMSI, Inc.		
EMPLOYEE	First Name Jared		M.I. F	Last Name Spangler		Social Security		Birthdate 07/02/1979	
	Home Address (Number and Street) 3550 Tundra Swan			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Age 36	
	City Las Vegas			State NV	Zip 89122	Was the employee paid for the day of injury? (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 08/25/2003	
	In which state was employee hired? Nevada			Employee's occupation (job title) when hired or disabled Police Officer				Department in which regularly employed: 2100 POLICE	
ACCIDENT OR DISEASE	Telephone 702-461-1780		Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was employee in your employ when injured or disabled by occupational disease (O/D)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Date of Injury (if applicable) 01/14/2016		Time of Injury (Hours; Minute AM/PM) (if applicable) unknown		Date employer notified of injury or O/D 02/05/2016		Supervisor to whom injury or O/D reported Kuzik		
	Address or location of accident (Also provide city, county, state) (if applicable) Henderson Clark Nevada						Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) Hearing loss due to job related activities								
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. I have been exposed to numerous excessive loud noises in many different environments and work capacities. This has been an ongoing issue for several years and I documented previous incidents. I first experienced tinnitus several years ago while on								
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) unknown				Witness n/a		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Part of body injured or affected Both EAR(S)		If fatal, give date of death n/a		Witness				
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) Hearing Loss or Impairment				Witness				
					Did employee return to next scheduled shift after accident? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Will you have light duty work available if necessary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If validity of claim is doubted, state reason ?				Location of Initial Treatment Anderson Audiology, 3120 S Rainbow Blvd #202, Las Vegas				
	Treating physician/chiropractor name Blake				Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IMPORTANT		How many days per week does employee work? 4		From 06:00 To 16:00		Last day wages were earned 2/5/16		
IMPORTANT - LOST TIME INFO	Scheduled days off S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/>		Rotating <input type="checkbox"/>		Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Date employee was hired 08/25/2003		Last day of work after injury or disability 02/05/2016		Date of return to work 02/06/2016		Number of work days lost 0		
	Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, for how many hours a week was the employee hired? n/a				Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <input checked="" type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ 46.58 per <input checked="" type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> 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									
INSURER USE ONLY	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 <i>Maya Soto</i> uoa		Date 2-11-16		
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party				Deemed Wage		Account No. 16C52G555847		Class Code
	Claims Examiner's Signature				Date		Status Clerk		Date



First Notice of Injury or Occupational Disease

SSN# _____ Employee # <u>016712</u> Name of employee <u>Jared Spangler</u> Police Department <u>Police Officer</u> Department <u>Jason Kuzik</u> Job title _____ Supervisor to whom reported _____ S/A _____ Supervisor on duty at time of accident/injury _____ Employee on overtime? YES <input type="radio"/> NO <input checked="" type="radio"/> No. of days worked per week _____		01/14/2016 _____ a.m. Date of accident/injury Time _____ Did injury occur on employer premises? YES <input checked="" type="radio"/> NO <input type="radio"/> Various Accident/injury location - address _____ This has been on going for years _____ Date/Time reported: (Explain if not reported immediately) _____ Witness(es) Name _____ Scheduled days off: _____ Reg. Working Hours _____ (Not # of days)	
Describe accident/injury in detail beginning with what you were doing when it occurred.* I have been exposed to numerous excessive loud noises, in many different environments and work capacities. This has been an on going issue for several years and I documented previous incidents. I was told by Kelci Murphy (he called me on 1/13/2016) that Tyson Hollis wanted a C-1 completed for noise exposure. I first experienced Tinnitus several years ago (while on the job) and it has increasingly gotten worse.			
Equipment, tools furniture, etc., connected with accident/injury _____ Unsafe conditions or practice involved _____ What can be done to prevent recurrence? <u>Offer hearing enhancements and protection</u> Did the accident happen in the normal course of work? YES <input checked="" type="radio"/> NO <input type="radio"/> Was anyone else involved? YES <input type="radio"/> NO <input checked="" type="radio"/> Names _____			
BODY PART INJURY (be specific) <input type="checkbox"/> 01 Face (explain) <input type="checkbox"/> 09 Back <input type="checkbox"/> 02 Toe or foot <input type="checkbox"/> 10 Eyes <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> 03 Internal organs (not lungs) <input type="checkbox"/> 11 Leg <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 04 Fingers <input type="checkbox"/> 12 Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 05 Hands <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 13 Ankles <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 06 Arms <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 14 Shoulders <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 07 Trunk <input type="checkbox"/> 15 Head <input type="checkbox"/> 08 Lungs <input type="checkbox"/> 16 Neck <input type="checkbox"/> 17 Groin <input checked="" type="checkbox"/> Other <u>Ears</u>		NATURE OF INJURY <input type="checkbox"/> 01 Wounds (cuts) <input type="checkbox"/> 02 Hernia <input type="checkbox"/> 03 Fracture <input type="checkbox"/> 04 Dermatitis <input type="checkbox"/> 05 Strain <input type="checkbox"/> 06 Sprain <input type="checkbox"/> 07 Contusion (bruise) <input type="checkbox"/> 08 Burns <input type="checkbox"/> 09 Foreign body <input type="checkbox"/> 10 Infection <input type="checkbox"/> 11 Dislocation <input type="checkbox"/> 12 Chemical Exposure (attach MSDS) <input type="checkbox"/> 13 Infectious Exposure (explain) <input checked="" type="checkbox"/> 14 Other <u>Exposure to loud noise</u>	
ACTION TAKEN <input type="checkbox"/> Hospitalized <input type="checkbox"/> Emergency hospital care <input type="checkbox"/> First Aid Provided by whom: _____ <input type="checkbox"/> Doctor's care <input type="checkbox"/> Time loss <input type="checkbox"/> Same day time loss <input type="checkbox"/> Time left work _____ <input checked="" type="checkbox"/> No time loss <input checked="" type="checkbox"/> Employee returned work? YES <input checked="" type="radio"/> NO <input type="radio"/> Date _____ Time _____		RECEIVED JAN 20 2016 City of Henderson Risk Management Division	
N/A Treating Physician Name _____ N/A Physician's Address _____ N/A Supervisor's investigation _____		N/A Hospital _____ Doctor's instructions _____ Physician's Phone # _____ N/A Employee's signature <u>Jared Spangler</u> Date <u>1/14/16</u> Supervisor's signature <u>Jason Kuzik</u> Date <u>1/15/16</u> Safety Rep's comments _____ Safety Rep's signature _____ Date _____	

*Use additional sheets if necessary.

Reports shall be completed and distributed in accordance to Safety & Health Procedures Manual, Chapter 1-Safety Administration, SHP-115 Occupational Injury/Illness Reporting.

My Employer/insurer may have made arrangements to direct me to a Health Care Provider for medical treatment of my industrial injuries. I have been notified of these arrangements. To file a claim for compensation, see "Claim for Compensation (Form C-4)" on reverse side.

For assistance with Workers' Compensation issues you may contact the Office of the Governor Consumer Health Assistance: TOLL FREE: 1-888-333-1897; Website: <http://govcha.state.nv.us>; E-mail: cha@govcha.state.nv.us

WHITE - Human Resources YELLOW - Department PINK - Employee

Nov 03 2005 10:16AM FREMONT MEDICAL CENTERS

702 56. 0010

p.4

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4

ORIGINAL

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name JARED	M.I. E	Last Name SPANGLER	Birthdate 7/2/79	Sex DM <input type="checkbox"/> OF <input type="checkbox"/>	Claim Number (Insurer's Use Only)
Home Address 5550 TUNDRA SWAN	Age 26	Height 600	Weight 230	Social Security Number	
City LV	State NV	Zip 89102	Telephone 413-0002	Primary Language Spoken ENGLISH	
Physical Address S/A		City NV	State NV	Zip 89102	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
INSURER WPA		THIRD-PARTY ADMINISTRATOR		Telephone 267-5000	
Employer's Name/Company Name CITY OF HENDERSON					
Office Mail Address (Number and Street) 203 LEAD ST. HENDERSON NV 89015					
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	
Address or Location of Accident (if applicable) N/A					
What were you doing at the time of the accident? (if applicable) N/A					
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) OVER TIME I HEAR RINGING. SPECIFICALLY AFTER BURGLARY ALARM CALLS SOMETIMES UP TO DAYS LATER, OCCASIONAL RINGING OCCURS. NOT 1 SPECIFIC INCIDENT.					
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? AFTER THE 1ST YEAR ON THE JOB.				Witnesses to the Accident (if applicable) N/A	
Nature of Injury or Occupational Disease HEARING			Part(s) of Body Injured or Affected EAR		
<p>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 618A TO 618D, INCLUSIVE, OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, NURSE, 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.</p>					
Date 11/1/05			Employee's Signature [Signature]		
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT					
Name of Facility FMCH					
Date 11/1/05	Diagnosis and Description of Injury or Occupational Disease hearing loss		Is there evidence that the injured employee was under the influence of alcohol or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
Our referral to ENT, Audiologist	Treatment: referral to ENT, Audiologist		Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate date(s) from 11/1/05 to 11/1/05 <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty		
Ray Findings: no information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If modified duty, specify any limitations/restrictions: NO		
Additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)		
Print Doctor's Name Dr. Patrick			I certify that the employer's copy of this form was mailed to the employer on: NOV 14 2005		
Address 5 W. Lake Mead Dr.			INSURER'S USE ONLY HD0500158		
City HENDERSON NV	State NV	Zip 89015	Provider's Tax I.D. Number 880322143	Telephone (702) 565-5500	Doctor's Signature [Signature]

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 REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
E M P L O Y E R	Employer's Name City of Henderson		Nature of Business (mfg., etc.) Municipality		FEIN 88600072	OSHA Log # WC-200501156	
	Office Mail Address 240 Water Street,		Location... If different from mailing address 240 Water Street, Henderson, NV 89015		Telephone 702-267-1921		
	City Henderson, NV 89015	State NV	Zip 89015	Insurer		Third-Party Administrator NV Comp First	
E M P L O Y E E	First Name M.I. Last Name JARED F SPANGLER		Social Security		Birthdate 07 02 1979	Age 26	Primary Language Spoken ENGLISH
	Home Address (Number and Street) 3550 TUNDRA SWAN,		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
	City LAS VEGAS, NV 89122		State NV		Zip 89122		
	Was the employee paid for the day of injury? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 2.19 Year(s)				
	In which state was employee hired? NV		Employee's occupation (job title) when hired or disabled POLICE OFFICER		Department in which regularly employed: Police-East Command-1001-2112		
O R D I S E A S E	Telephone 7024130002	Is the injured employee a corporate officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		...sole proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		...partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Was employee in your employ when injured or disabled by occupational disease (O/D)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Date of Injury (if applicable) 11 01 2005	Time of injury (Hours, Minute AM/PM) (if applicable)		Date employer notified of injury or O/D 11 01 2005		Supervisor to whom injury or O/D reported DOREEN WELTER	
	Address or location of accident (Also provide city, county, state) (if applicable) POLICE CALL, HENDERSON, NV						Accident on employer's premises? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) RESPONDING TO ALARM CALLS						
O R D I S E A S E	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. EMPLOYEE INDICATES SINCE JUNE 2004, AFTER RESPONDING TO BURGLARY/ROBBERY ALARM CALLS AND GOING INSIDE WITH THE ALARM ON, AFTER EXITING HE HAS RINGING IN HIS EARS.						
	Specific machine, tool, substance, or object most closely connected with the accident. ALARMS		Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Part of body injured or affected 013-EAR (S)		If fatal, give date of death		Witness NONE		
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) HEARING LOSS/RINGING IN BOTH EARS		Witness		Did employee return to next scheduled shift after accident? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If validity of claim is doubted, state reason		Location of initial treatment FREMONT MEDICAL CENTER		Will you have light duty work available if necessary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Request: Medical Investigation		Treating physician/chiropractor name FREMONT MEDICAL CENTER - BYRON KILPATRICK				
	Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	IMPORTANT: How many days per week does employee work? 4		From 10:00 PM		To 8:00 AM		Last day wages were earned 11/1/2005
	Scheduled days off S M T W T F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rotating		Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Date employee was hired 08 25 2003		Last day of work after injury or disability 11 01 2005		Date of return to work		Number of work days lost 0
Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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. In addition, if the employee was absent from work during the period for which payroll information is requested for any of the reasons listed below, please provide date(s) absent and, from the following list, indicate, by numeral, the reason(s) for the absence(s). Gross earnings must not include wages earned after the date of injury or disability. 1. Certified illness or disability. 2. Institutionalized in hospital or other institution. 3. Enrolled as a full-time student, not employed on days when attending classes. 4. In military service other than that training duty conducted on weekends. 5. Absent because of an officially sanctioned strike. 6. Approved FMLA absence.							
Pay period: <input checked="" type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: 26.00 per Hour			
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 <i>Doreen Welter, H/R Analyst II</i>		Date 11 7 05	
Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3rd Party		Deemed Wage		Account No.		Class Code 000269	
Claims Examiner's Signature		Date		Status Clerk		Date	

2 267 4551

HPD PATROL MAIN ST

FIRST AID ☐ BBP ☐ W/C ☐

A Place To Call Home

CITY OF HENDERSON

Human Resources

First Notice of Injury or Occupational Disease

21-12
25.99

SSN# _____ Employee # 016712

Name of employee JARED SPANGLER

PO POLICE OFFICER

Department _____ Job title _____

Supervisor to whom reported NONE / MY SGT NOW IS B. BROOKS

Supervisor on duty at time of accident/injury UNK

Employee on overtime? YES ☐ NO ☒

No. of days worked per week? 4 DAYS

Date of accident/injury UNK. Time _____ a.m./p.m.

Did injury occur on employer premises? YES ☒ NO ☐

Accident/injury location - address UNK.

Date/Time reported: (Explain if not reported immediately) 11/1/05 / RINGING IS GETTING MORE FREQUENT

Witness(es) Name _____

Scheduled days off: _____ to _____ Reg. Working Hours _____

Describe accident/injury in detail beginning with what you were doing when it occurred.*

I HAVE NOTICED SINCE 6/04 AFTER RESPONDING TO BURGLARY/ROBBERY
ALARM CALLS AND GOING INSIDE WITH THE ALARM ON, WHEN I
EXIT, I HAVE A RINGING IN MY EARS.

Equipment, tools furniture, etc., connected with accident/injury EARPIECEUnsafe conditions or practice involved NO HEARING PROTECTIONWhat can be done to prevent recurrence? ISSUE PROTECTORS ON BURGLARY CALLSDid the accident happen in the normal course of work? YES ☒ NO ☐Was anyone else involved? YES ☒ NO ☐ Names ANY OFFICER THAT HAS BEEN ON 4UG CALL W/HER

BODY PART INJURY (be specific)

- ☐ 01 Face (explain) ☐ 09 Back Lower Middle Upper
- ☐ 02 Toe or foot R L ☐ 10 Eyes R L
- ☐ 03 Internal organs (not lungs) ☐ 11 Legs R L
- ☐ 04 Fingers ☐ 12 Knee R L
- ☐ 05 Hands R L ☐ 13 Ankles R L
- ☐ 06 Arms R L ☐ 14 Shoulders R L
- ☐ 07 Trunk ☐ 15 Head
- ☐ 08 Lungs ☐ 16 Neck
- ☒ Other EARS ☐ 17 Groin

NATURE OF INJURY

- ☐ 01 Wounds (cuts)
- ☐ 02 Hernia
- ☐ 03 Fracture
- ☐ 04 Dermatitis
- ☐ 05 Strain
- ☐ 06 Sprain
- ☐ 07 Contusion (bruise)
- ☐ 08 Burns
- ☐ 09 Foreign body
- ☐ 10 Infection
- ☐ 11 Dislocation
- ☐ 12 Chemical Exposure (attach MSDS)
- ☐ 13 Infectious Exposure (explain)
- ☒ 14 Other RINGING

ACTION TAKEN

- ☐ Hospitalized
- ☐ Emergency hospital care
- ☐ First Aid Provided by whom: _____
- ☐ Doctor's care
- ☐ Time loss
- ☐ Same day time loss Time left work _____
- ☒ No time loss
- Employee returned to work? YES ☒ NO ☐
- Date/Time: 11/4/05

Treating Physician Name DR. KILPATRICKHospital HDOS 000158

Physician's Address _____

Doctor's Instructions _____

Physician's Phone # _____

Any person who willfully makes a false statement or representation for the purpose of obtaining any benefit or payment under the provisions of this chapter, either for himself or any other person, shall be guilty of a felony. (N.R.S. 616.875)

UNANSWERABLE

11/4/05

11/4/05

6

FREMONT MEDICAL CENTER
595 W. Lake Mead Pkwy
Henderson, NV 89015

November 1, 2005

PatientID: 2W833484
Patient Name: JARED L SPANGLER
Date of Birth: 07/02/1979

Date of Service: 11/01/2005

TIME: 08:34 am

PATIENT'S AGE: 26 yrs, 3 mths, 4 wks, 2 days

CHIEF COMPLAINT: COH WC C/O RINGING IN EARS - AFTER BURGLARY ALARMS; no other injury or known exposure;; uses routine protection at range; concerned over increasing hearing loss

WORKMAN'S COMP INJURY: Yes

VITAL SIGNS:

VS-HEIGHT: 6ft0in

VS-WEIGHT: 205lbs

VS-BLOOD PRESSURE: 118/68 Left Arm Sitting

VS-RESPIRATION: 18

HD05 00158

ALLERGIES:

ROOM NUMBER: 17

CLINICAL STAFF MEMBER: C.KIRKPATRICKWELLNESSCOORD

PAST MEDICAL HISTORY:

Not pertinent.

REVIEW OF SYSTEMS:

Patient denies all symptoms in all systems except as noted.

PHYSICAL EXAM:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

EYES:

CONJUNCTIVAE AND LIDS: Conjunctivae and lids appear normal.

PUPILS: Pupils equal and normally reactive to light and accommodation.

EARS, NOSE, MOUTH AND THROAT:

EXTERNAL/EARS AND NOSE: Overall appearance normal with no scars, lesions or masses.

EARS: Tympanic membranes shiny without retraction. Canals unremarkable. Hearing grossly normal.

NOSE (AND SINUS): No abnormality of the nose or sinuses is noted.

ORAL: Inspection of gums, lips, palate, and teeth normal. No scars, lesions, or masses. Oral mucosa unremarkable with non-inflamed posterior pharynx.

ASSESSMENT/PLAN:

389-HEARING LOSS ,tinnitus

TREATMENT/RECOMMENDATION: precautions discussed;ent,audiology referrals made through coh

RETURN VISIT: Patient is to return on a prn basis.

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NOV 15 2005

Nevada CompFirst-LV

Page 1 of 2

7

FREMONT MEDICAL CENTER
595 W. Lake Mead Pkwy
Henderson, NV 89015

November 1, 2005

PatientID: 2W833484

Patient Name: JARED L SPANGLER

Date of Birth: 07/02/1979

Date of Service: 11/01/2005

Electronically Signed by: Byron Kilpatrick, MD on Tuesday, November 01, 2005

HD05 00158

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8

Patient's Name: SPANGLER, JARED

Date: 12-13-05 Physician: SEM

History:



o/c 26 y M c/o Ringing in ears usually after hearing high frequency sounds. Also c/o poss. hearing loss mostly in AS - O high pitch tone
1st noted after exposure closed mouth in alarm
Pistols - When Patient 2 1/2 yrs Mechanic Drive line - welding - bad ear prot
PMH WISDOM
PSH WISDOM
MEDS WISDOM
Allergies NKDA

Surgery

Last History: E. N. T. Headache

Otorrhea Pain Hearing (+) Tinnitus (+) Vertigo
Rhinorrhea Post-Nasal Drip Epistaxis Trauma
Obstruction all Sinusitis Colds
Sore Throats Peritonsillar Abscess Hoarseness
Cervical Glands swollen when grave yard (light) (+) NU radi
Measles S.F. Dipth. Rheum P.N. Infl. (+) Asthma Hay Fever (+)
Alcohol Tobacco Drugs Caffeine COCA IM Allergy W/U
TBC. Cancer Diabetes (+) UOM Asthma Hay Fever

ars: Canals



Drums R.

L.

Mastoids



lose: Septum

Turbinates

Obstruction

Discharge

Sinus Tenderness

asopharynx

with

Teeth

Tongue

Parotid

Submax

roat: Uvula

Tonsils

Pillars

Pharynx

ryn

rvical Glands

ray

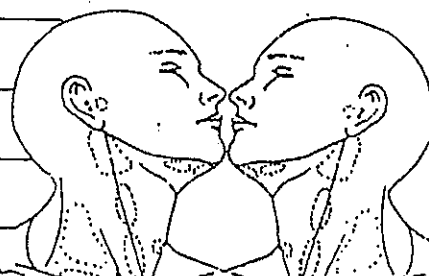
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Nevada Eye & Ear

Scott E. Manthel, D.O.

John R. Alway, D.O.

Ryan E. Mitchell, D.O.

Ear, Nose & Throat

Facial Plastic - Cosmetic Surgery

Adult & Pediatric Allergy

2598 Windmill Parkway, Henderson, NV 89074 (702) 896-6043
 351 N. Buffalo Drive, Suite B, Las Vegas, NV 89145 (702) 255-6665
 999 Adams, Suite 104, Boulder City, NV 89005 (702) 896-6043
 860 Seven Hills Dr., Henderson, NV 89052 (702) 466-4000

Name: Jared SpanglerAge: 26Date: 12-13-05

RIGHT

SYMBOLS

LEFT

AC:UNMASKED ○

MASKED △

BC:UNMASKED <

MASKED [

AC:UNMASKED X

MASKED □

BC:UNMASKED >

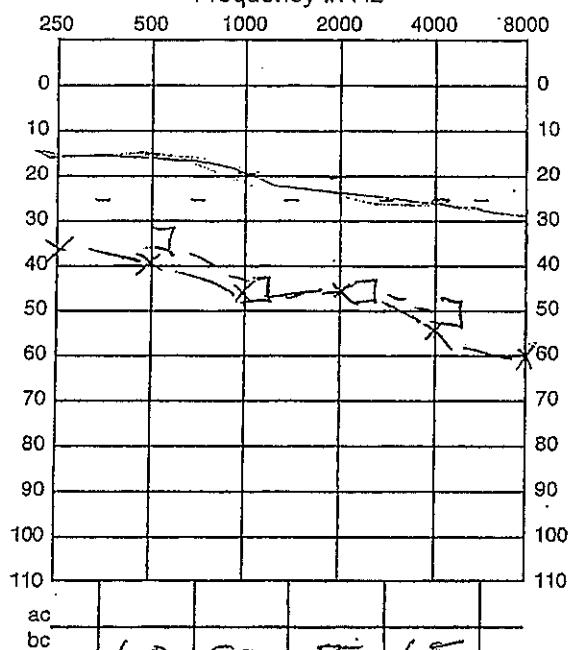
MASKED]

LOUDNESS DISCOMFORT LEVEL ○

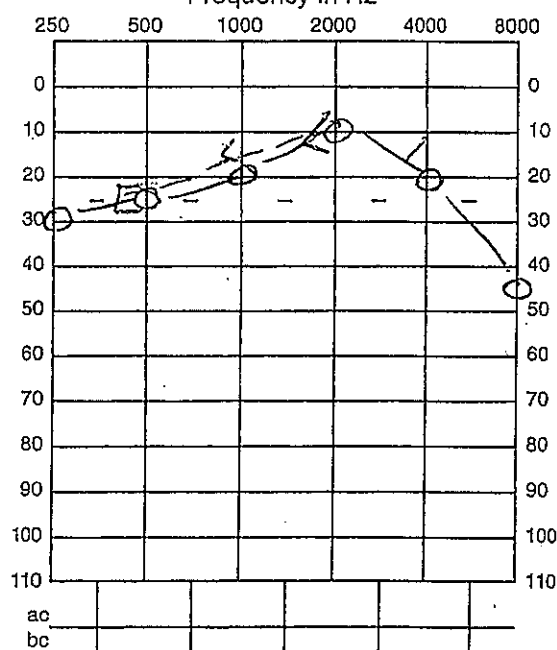
ACOUSTIC REFLEX THRESHOLD R

TESTED BY: Roger Theobald, M.S., CCC-A ☒Lisa M. Kurak, M.A., CCC-A ☐RELIABILITY: Excellent ☒ Good ☐ Fair ☐ Poor ☐

AUDIOMETRIC EVALUATION

LEFT EAR
Frequency in HzSRT 30 dB Speech Discrimination:AC Ave 30 dB 100 % @ 60 dB HL% @ dB HLMCL UCL

Freq	250	500	1000	2000	4000	
SISI%	%	%	%	%	%	%
MTDT						
REFLEX						

RIGHT EAR
Frequency in HzSRT 10 dB Speech Discrimination:AC Ave dB 100 % @ 40 dB HL% @ dB HLMCL UCL

Freq	250	500	1000	2000	4000	
SISI%	%	%	%	%	%	%
MTDT						
REFLEX						

COMMENTS: Nevada CompFirst-LV

Request for Additional Medical Information And Release Form

(Pursuant to NRS 616C.490(3))

HD05-00158

Injured Employee's Name: JARED SPANGLERClaim Number: HO 0500158

Social Security Number: _____

Injured Employee's Address: 3550 TUNDRA SWAN ST. , LV, NV, 89122Injury/Occupational Disease Date: UNKNOWN EXACTDate this Notice Printed: 12/6/05Insurer's Name: LOOMISEmployer: CITY OF HENDERSONInsurer's Address: P.O. BOX 13873Employer's Address: 223 LEAD ST., HEND, NV, 89015READING, PA., 19112-3873

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.



I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point) SLIGHTLY NOTICEABLE HEARING LOSS BEFORE EXPOSURE DATE.



I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

I hereby 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 benefit of Nevada industrial insurance and occupational disease laws (NRS 616C.490 to 616C.495) inclusive of chapter 616 of NRS, and hereby authorize any physician, chiropractor, surgeon, practitioner, podiatrist, 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 of them 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 any psychological conditions, alcohol or controlled substances, for which I must give specific authorization. Any statement of this authorization shall be valid as to the original only.

Signature: _____ Date: _____

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Nevada CommFire.I.V.

DEC-15-2005 01:25P FROM:

TO: 7408034

P: 2/3

Nevada
CompFirstJared Spangler
HD0500158

December 6, 2005

HD05-00158

LIST ALL PRIOR RELATIVE CLAIMS FILED FOR ACCIDENTS/INJURIES -- WHETHER INDUSTRIAL OR NON-INDUSTRIAL, WHICH YOU HAVE FILED THROUGHOUT YOUR LIFETIME.

Claim No: UNKNOWN Date of Injury: 97-98
 Employer: ADAM'S DRIVESHAFT Body Part(s): THUMB
☒ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ NONE
UNKNOWN
 Attending Physician's Name/Address for above-captioned injury

Claim No: _____ Date of Injury: _____
 Employer: _____ Body Part(s): _____
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

 Attending Physician's Name/Address for above-captioned injury

Claim No: _____ Date of Injury: _____
 Employer: _____ Body Part(s): _____
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

 Attending Physician's Name/Address for above-captioned injury

Claim No: _____ Date of Injury: _____
 Employer: _____ Body Part(s): _____
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

 Attending Physician's Name/Address for above-captioned injury

[Signature]
 Signature

12/14/05
 Date

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 DEC 15 2005
 Nevada CompFirst-LV

5-2005 01:25P FROM:

Nevada
COMP FIRSTJared Spangler
HD0500158

December 6, 2005

HD05-00158

Have you ever filed a workers' compensation claim in this state or any other before?
Yes ☒ No ☐

If yes, have you ever received a settlement or buyout for the claim?
Yes ☐ No ☒

Please list the body part(s) and the amount of the settlement or buyout and the employer under whom the award was received.

my THUMB (BROKEN BONE) NO SETTLEMENT - ONLY X-RAY PAID FOR

Thank you for your cooperation.

(Injured Worker's Signature)

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Nevada CompFirst-LV

InSight Health Corp. 12/21/2005 6:07 PM PAGE 1/2 RightFax

**PARKWAY
IMAGING CENTER**100 N. Green Valley Parkway • Suite 130
Henderson, Nevada 89074
(702) 990-7419 • Fax (702) 990-7418**MOUNTAIN
DIAGNOSTICS**800 Shadow Lane
Las Vegas, Nevada 89106
(702) 366-9700 • Fax (702) 366-0013Patient: SPANGLER, JARED
DOB: 07/02/1979 X-ray No. 5219679
Date of Exam: 12/21/2005Referred By: SCOTT R MANTHEI, DO
2598 WINDMILL PKWY
HENDERSON, NV 89014**CRANIAL MRI, WITH/WITHOUT IV CONTRAST, WITH ATTENTION TO THE TEMPORAL BONES****HISTORY:**

Left-sided hearing loss.

TECHNIQUE:

Using the 0.3 Tesla open-sided scanner, axial FSE T2, and high-resolution T1-weighted and coronal scans were performed through the temporal bones, both before and following IV contrast. An additional FLAIR sequence was performed through the entire head in the axial planes.

FINDINGS:

1. On the axial post contrast, high-resolution sequence through the temporal bones, there is a 1 x 2 mm focus of apparent contrast enhancement in the lateral dorsal aspect of the left internal auditory canal. This is not confirmed on the coronal sequence and on the T2 weighted axial sequence, this area appears of higher signal than the adjacent neural structures. This could, therefore, be a tiny hemangioma and the finding is equivocal considering its very small size and visualization after contrast in only a single plane.
2. However, considering history of left-sided hearing loss, repeat imaging on a high field MRI scanner might be considered to allow higher resolution evaluation of this area.
3. There is a 1.5 cm retention cyst or polyp in the right maxillary antrum, consistent with mild chronic sinusitis there.
4. There is some asymmetry in appearance of the mastoids, with far less pneumatization in the right mastoid process than the left suggesting mastoiditis during early childhood. Some minimal T2 hyperintensity is seen in the mastoid processes, slightly more on the right than the left suggesting minimal current mastoiditis.
5. The remainder of the temporal bones, central skull base and cranium are unremarkable, otherwise.

IMPRESSION:

1. Tiny equivocal focus of contrast enhancement in the left internal auditory canal. Consider reimaging on high field MRI to allow higher resolution evaluation of the area, since this could potentially represent a tiny vestibular schwannoma or hemangioma.
2. Evidence of childhood mastoiditis on the right side causing under development of the mastoid; also, evidence of minimal current mastoiditis.
3. Mild chronic right maxillary sinusitis.

HDO500K58

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Dictated by: Robert E. C. Henry, Jr., M.D.

RH/dw

D: 12/21/2005 10:26:34(PT) T: 12/21/2005 16:01:38(PT) Doc ID: 1257174/Chart Job ID: 1204473/Accession #: 4477266

Page 1 of 2

Thank you for choosing InSight Parkway Imaging Center

Please be advised that if a signature is not affixed to this document via manual or electronic document authentication, the information contained herein should be considered preliminary in nature, still subject to change, and should not be relied upon.

InSight Health Corp. 12/21/2005 6:07 PM PAGE 1/2 LightFax

Document authenticated by Robert E. C. Henry, Jr., M.D., on 12/21/2005 18:05:31 PT

HD0000188

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SPANGLER, JARED

CRANIAL MRI, WITH/WITHOUT IV CONTRAST, WITH ATTENTION TO THE TEMPORAL BONES

Page 2 of 2

Thank you for choosing InSight Parkway Imaging Center

15



IMMCO Diagnostics, Inc.
60 Pineview Drive
Buffalo, NY 14228
USA

Toll Free: (800) 537-8378
Phone: (716) 691-0091
Fax: (716) 691-0466

www.immcoiagnostics.com

Laboratory Report

Accession Number: 05-19141
Date of Specimen: 12/27/05
Date Received: 12/29/2005
Date of Report: 1/4/2006

Address: Quest Diagnostics Lab
Lab Services
4230 Burnham Avenue
Las Vegas, NV 89119

Name of Patient: Spangler, Jared
Patient ID:
Date of Birth: 7/2/1979
Sex: M
Race: not provided

01177070

Serology Results:

Result: Unit:

Anti-68 kD (hsp-70) Antibodies*

Negative

* This test was developed and its performance characteristics determined by IMMCO. It has not been cleared or approved by the U.S. Food and Drug Administration.

Serology Comments:

Antibodies to inner ear antigen (68kD) occur in approximately 70% of patients with autoimmune hearing loss. The antibody tests to this 68kD antigen parallel with disease activity. In addition, a majority of patients positive for antibodies to 68kD are responsive to corticosteroid treatment. (Hirose et.al. The Laryngoscope 109: 1769-1999).

410500158



01177070

Vijay Kumar, Ph.D., F.A.C.B.
ABMM and ABMLI Diplomate

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JAN 19 2006

Nevada CompFirst-LV

OTO

diagnostics

Immune

division of IMMCO Diagnostics, Inc.
Contact us at www.otoimmune.com

TEST REQUEST FORM

Tel. No. (716) 691-0091
Toll Free (800) 537-TEST
Fax No. (716) 691-0466

1 PATIENT INFORMATION

Last Name Spangler First Name Jared
Social Security Number _____
Sex ☒ M ☐ F Post Office Box 01177070
Date of Birth 07/02/79 Specimen Date 12/27/05
Street _____
City _____ State _____ ZIP _____
Telephone () _____

2 DOCTOR INFORMATION

Last Name _____ First Name _____
PIN _____ on _____
Street _____
City _____ State _____ ZIP _____
Telephone _____
Mail _____

SPECIMENS SENT THROUGH QUEST
DIAGNOSTICS. SEND A COPY OF
RESULTS TO QUEST DIAGNOSTICS,
LAB SERVICES,
4230 BURNHAM AVENUE LAS VEGAS,
NV 89119

3 BILLING INFORMATION

Send Bill to: ☐ Patient ☐ Insurance ☐ Doctor ☐ Lab
Instruction: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.

Medicare No. if applicable _____
Name/address of Insurance _____
Street _____
City _____ State _____ ZIP _____
Telephone () _____ Fax () _____
Insurance ID# and Suffix _____
Group# _____
CD-9 Code _____
To Insurance, bill patient directly

REQUEST ADDITIONAL MATERIALS

Use check boxes below to request additional kit or literature.

- ☐ Serum Specimen Collection Kit
☐ Genetic Testing Specimen Collection Kit
☐ B2 transferrin Specimen Collection Kit
☐ Hearing Loss Test Reference Manual
☐ Hearing Loss Patient Brochure

4 SPECIMEN

For anti-68 kD (hsp-70) antibody and allergy to collect 5-10 ml of blood in red top or serum separator if possible, separate serum from clot and place serum in orange provided. Do not puncture top of orange tube. If separation facilities are not available, the blood can be sent in the tube used for collection. For genetic testing, send in _____ blood in 2 lavender top tubes 01177070* SPANGLER, JARED
For B2 transferrin _____
537-8378 for the _____
_____ if required.



5 TEST

Code Description

I: Autoimmune Hearing Loss

370 ☐ Sensorineural Hearing Loss Profile
includes all tests in the group below

- 340 ☒ Anti-68kD (hsp-70) antibodies by Western blot
001 ☐ ANA titer and pattern on Hep-2 & Mouse kidney
003 ☐ ANCA - anti-neutrophil cytoplasmic antibodies
008 ☐ Anti-Phospholipid/Cardiolipin (APL) antibody level; IgG, IgM, IgA
011 ☐ Rheumatoid Factor (RF) level; IgM, IgA & IgG
014 ☐ Circulating Immune Complexes (CIC) level
015 ☐ Anti-Collagen Type II antibody level

II: Allergy 410600158

- 461 ☐ Food Screen
480 ☐ Milk Allergy Analyte (cow's milk IgE)
Inquire about other allergy tests

III: Genetics; Non-Syndromic Hearing Loss

- 345 ☐ Connexin 26 (Cx26)
346 ☐ Mitochondrial A1555G mutation

IV: CSF Otorrhea/Rhinorrhea

- 341 ☐ B2 transferrin (perilymph) inner ear fluid and serum
be sent in separate tubes (label tubes accordingly)

6 SHIP TO OTOIMMUNE DIAGNOSTICS

Pack Specimen Collection Kit using the following procedure:

Place tube(s) into styrofoam case, positioning absorbent paper above and below tube(s). Slip styrofoam case into sealable plastic bag and insert, together with completed Test Request Form, shipping box. Tape end flaps and ship via one of the carriers by US Postal Service: The first class prepaid mailing kit can be dropped into any US Postal Service mail box.

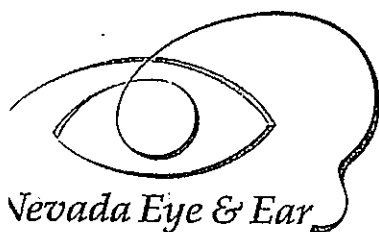
Overnight Courier Service: Please follow instructions contained in the Specimen Collection Kit and send to:

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OTOIMMUNE Diagnostics

60 Pineview Drive

IAN 1 9 2006



OPHTHALMOLOGY
Ophthalmic Physicians & Surgeons

Scott E. Manthei, D.O., F.O.C.O.O.
Medical Director Ophthalmology

Douglas C. Lorenz, D.O., F.O.C.O.O.
Ophthalmic Plastic Surgery
Refractive Cataract Surgery

Thomas F. Kelly, M.D.
Comprehensive Ophthalmology
Refractive Cataract Surgery

Ian Hatcher, Jr., D.O., F.O.C.O.O.
Comprehensive Ophthalmology

Edward N. Straub, D.O., F.O.C.O.O.
LASIK & PRK Refractive Surgery
Intraocular Lens Implantation

Margaret S. Lanard, M.D.
Comprehensive Ophthalmology

OTOLOGY
Ear, Nose & Throat Surgeons

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Medical Director Otolaryngology
Hearing & Sinus

John R. Alway, D.O., F.O.C.O.O.
Comprehensive Otolaryngology
Hearing & Sinus

Alan E. Mitchell, D.O.
Facial Plastic & Cosmetic Surgery
Tattoo Removal & Body Sculpting

• • •

2598 Windmill Parkway
Henderson, Nevada 89074

860 Seven Hills Drive
Henderson, Nevada 89052

151 North Buffalo Drive, Suite B
Las Vegas, Nevada 89145

999 Adams, Suite 104
Boulder City, Nevada 89005

• • •

Phone
(702) 896-6043

Fax
(702) 896-9591

Toll Free
(888) 425-2745

January 17, 2006

Jared Spangler

#H05-0058

Dear Jared:

This letter is to follow-up your visit of 12/13/05 to my clinic. As you know, we found an abnormal hearing test involving the left ear.

Your follow-up MRI did show a small area of concern involving the nerve to the left ear. This requires further attention and I have suggested a referral to a neuro-otologist to best address this.

The remainder of your laboratory evaluations were entirely within normal range.

Please make yourself available for neuro-otology to address this abnormality which very well may represent a tumor, and should not be ignored. Consequences not only could be to persistent ringing of the ear and increasing hearing loss, but potentially serious affects on the brain and balance.

If I can be of any further assistance in your care, please do not hesitate to call.

Sincerely,

Scott E. Manthei, D.O.
SEM:mb

cc: Nevada Comp First

RECEIVED

FEB 07 2006

Nevada CompFirst-LV

**OPHTHALMOLOGY**

Eye Physicians & Surgeons

Ludy R. Manthei, D.O., F.O.C.O.O.
Medical Director Ophthalmology

Douglas C. Lorenz, D.O., F.O.C.O.O.
Ophthalmic Plastic Surgery
Refractive Cataract Surgery

Thomas F. Kelly, M.D.
Comprehensive Ophthalmology
Refractive Cataract Surgery

Allen Hatcher, Jr., D.O., F.O.C.O.O.
Comprehensive Ophthalmology

Howard N. Straub, D.O., F.O.C.O.O.
LASIK & PRK Refractive Surgery
Intraocular Lens Implantation

Margaret S. Lanard, M.D.
Comprehensive Ophthalmology

OTOLOGY

Ear, Nose & Throat Surgeons

Scott E. Manthei, D.O., F.O.C.O.O.
Medical Director Otolaryngology
Hearing & Sinus

John R. Alway, D.O., F.O.C.O.O.
Comprehensive Otolaryngology
Hearing & Sinus

Alan E. Mitchell, D.O.
Facial Plastic & Cosmetic Surgery
Facelift & Body Sculpting

• • •

2598 Windmill Parkway
Henderson, Nevada 89074

860 Seven Hills Drive
Henderson, Nevada 89052

51 North Buffalo Drive, Suite B
Las Vegas, Nevada 89145

999 Adams, Suite 104
Boulder City, Nevada 89005

• • •

Phone
(702) 896-6043

Fax
(702) 896-9591

Toll Free
(888) 425-2745

February 22, 2006

Lezlie Wooten
Nevada Comp First
2310 Paseo del Prado, Suite A120
Las Vegas, NV 89102

RE: SPANGLER, JARED
CLAIM #: HD05-00158
DOI: 11/01/05
INSURER: CITY OF HENDERSON

Dear Ms. Wooten:

This letter is in reference to correspondence dated 01/11/06. The patient was complaining of ringing of the ears after a high frequency exposure (high frequency alarm in an enclosed building). He does have non-industrial exposure utilizing pistols, however, states hearing protection with this over the last two and one-half years. He has worked as a mechanic in a drive line with heavy welding, again with hearing protection for three and one-half years. There is a positive family history of hearing loss, noise induced.

Physical exam was unremarkable. Audiometric testing, however, showed low frequency to normal to high frequency sensorineural hearing loss in the right ear with preserved discrimination. The left ear showed moderate to severe sensorineural hearing loss with normal impedance testing.

Due to the asymmetrical nature, MRI was necessary to discern whether this was due to an extrinsic mass versus noise induced industrial exposure. Laboratory evaluation was necessary to make sure this was not metabolic versus noise induced industrial.

Investigative findings reveal a contrast enhancement of the left internal auditory canal suggesting extrinsic compression from a neoplastic process of the brain.

Although the patient's symptoms could be consistent with a noise induced traumatic hearing loss, there appears to be a non-industrial component that requires immediate attention and is most likely causing this patient's symptomatology. The audiometric findings and laboratory testing is most consistent with this being due to a non-industrial etiology, and at this time should not be considered work related.

RECEIVED

MAR 06 2006

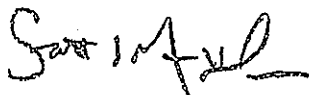
Nevada CompFirst LLC

SPANGLER, JARED
PAGE TWO

If I can be of any further assistance in this patient's prognosis, physical findings or care, please do not hesitate to call.

ADDENDUM: We have tried to contact the patient several times to notify him of the markedly abnormal hearing result and that further follow-up is necessary to address this potentially serious medical condition that can further jeopardize his hearing, balance and even general health.

Sincerely,



Scott E. Manthei, D.O.
SEM:mb

Dictated but not edited

Hd 05-00158

RECEIVED

MAR 06 2006

Nevada CompFirst-LV



March 7, 2006

Mr. Jared Spangler
3550 Tundra Swan
Las Vegas, NV 89122

Re: Claim Number: HD05-00158
Date of Injury : 11/01/2005
Insurer : City of Henderson

Dear Mr. Spangler:

Nevada CompFirst is in receipt of Dr. Manthei's report dated February 22, 2006, and has therefore completed the medical investigation surrounding the above-referenced claim. Dr. Manthei indicates that although your "symptoms could be consistent with a noise induced traumatic hearing loss, there appears to be a non-industrial component that requires immediate attention and is most likely causing," your symptoms. He goes on to state that at the present time your symptoms "should not be considered work related."

After a thorough review of your file and Dr. Manthei's report, it is the decision of Nevada CompFirst to deny your claim as you do not qualify for coverage under NRS 617.440 at this time. If, after you have received treatment for your non-industrial condition, you still feel you have industrial hearing loss/tinnitus, you can file a new C-4 form for consideration.


Please be aware that although your claim is being denied, Nevada CompFirst will pay for all bills related to your claim with dates of service prior to the date of this letter.

Pursuant to our phone conversation, you will find enclosed a copy of the medical records contained within your file.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,


Lezlie Wooten
Account Executive

cc: City of Henderson
Dr. Scott Manthei
File



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED, FLOYD	Sex M	Date of Examination 7/25/03
Address 4130 ARTIST CT.	Age 24	Date of Birth 7/2/79
Organization/Employer H.P.O.	Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	15	20	20	30

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000
30	35	30	30	40	50	50

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal
Appearance

Excessive Wax
or Debris

Abnormal
Appearance

Recommendations

☐
☐
☐

Medical Referral

Retest
Recommended

Complete
Audiogram

Remarks

Audiometer GRASON-STADLER	Serial Number 5236	Calibration Date 4-22-02 2003
Tester's Name Cynthia Kirkpatrick	Title P.H.C	Tester's Signature <i>[Signature]</i>
Please sign one copy of this form as acknowledgement of receipt from your employer.		Test Date and Time 8.8.03

Employee's Signature <i>[Signature]</i>	Received 02/16/16	Date 8/8/03
--	-----------------------------	-----------------------

11/07/2005 10:18 FAX 702 267 190

COH RISK MGMT

LV COMPFIRST

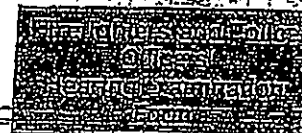
0009



City of Henderson

240 Water Street

Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED FLOYD	Sex M	Date of Examination 7/22/04
Address 4130 ARTIST CT, LV, NV, 89115	Age 25	Date of Birth 7/2/79
Organization/Employer H PD	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left	Recorder
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Calibration Date 04/14/04
 Calibration Due Date 04/14/05
 Test : 057 Date 07/29/04 Time 07:58
 SS# 0000000000 Job ID: 22

Patient

Spanglar, Jared

	Left	Right
1000 Hz	30	15
500 Hz	40	20
1000 Hz	40	20
2000 Hz	40	10
3000 Hz	40	15
4000 Hz	60	05
5000 Hz	70	55
6000 Hz	55	40

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NOV 7 - 2005

Nevada CompFirst-LV

Audiometer	Serial Number	Calibration Date
Tester's Name K. R. D. H. C.	Tester's Signature [Signature]	Test Date and Time

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature [Signature]	Date 7-22-04
--	------------------------

11/07/2005 10:16 FAX 702 267 1902

COH RISK MGMT

→ NEV COMPFIRST

008



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED F.		Sex M	Date of Examination 7/6/05
Address 3550 TUNDRA SWAN ST.		Age 29	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Wax or Debris
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Appearance

Recommend

<input checked="" type="checkbox"/>	Medical
<input type="checkbox"/>	Retest
<input type="checkbox"/>	Compliance

Calibration Date 04/07/05
Calibration Due Date 04/07/06
Test : 071 Date 07/14/05 Time 06:54
SS# 000000000 Job ID: 111111

Patient **Spanglar, Jared**

Frequency	Left	Right
1000 Hz	40	15
500 Hz	45	20
1000 Hz	45	15
2000 Hz	45	05
3000 Hz	50	10
4000 Hz	55	20
6000 Hz	55	45
8000 Hz	65	40

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NOV 7 - 2005

Examiner _____ Nevada CompFirst-LV

Audiometer		Serial N	
Tester's Name Cynthia K...		Title	
Tester's Signature		Test Date and Time	

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature [Signature]	Date 7/14/05
--	------------------------



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED E.		Sex m	Date of Examination 8/17/06
Address 3550 TUNDRA SWAN		Age 27	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Calibration Date 04/05/07
Calibration Due Date 04/05/07
Test :025 Date 08/17/06 Time 07:21
SS# 000000000 Job ID: 66=6

Patient: Jared Spangler

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal
Appearance

Excessive Wax
or Debris

Abnormal
Appearance

Rec:

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	60	25
4000 Hz	55	35
5000 Hz	70	50
6000 Hz	70	45

Examiner:

3
20/20
20/20
20/20
Color WNL

PV
790
790

Audiometer		Serial Number	Calibration Date
Tester's Name Kirkpatrick	Title Phys. Coord.	Tester's Signature <i>[Signature]</i>	Test Date and Time 8-17-06

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature <i>[Signature]</i>	Date 8/17/06
--	------------------------



City of Henderson
240 Water Street - P.O. Box 95050
Henderson, NV 89009-5050

**Firemen And
Police Officer's
Hearing
Examination Form**

Name (Last, First, Middle) <u>SPANGLER, JARED F.</u>		Sex <u>MA</u>	Date of Examination <u>8/13/07</u>
Address <u>3556 TUNDRA SWAN ST, LV, NV, 89123</u>		Age <u>28</u>	Date of Birth <u>7/2/79</u>
Personal Physician's Name <u>DR. KILPATRICK</u>		Occupation <u>POLICE OFFICER</u>	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
00	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otososcopic Examination

Remarks

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

?
Calibration Date 04/05/06 by: m s r
Calibration Due Date 04/05/07
Test : 193 Date 08/13/07 Time 07:00
000000000 Job ID: AAGS
Patient: Jared Spangler

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Frequency	Left	Right
1000 Validity		25
500 Hz	40	25
1000 Hz	50	25
2000 Hz	55	15
3000 Hz	65	30
4000 Hz	60	30
6000 Hz	80	55
8000 Hz	70	55

Examiner: _____

Tester's Name <u>Phil Boer</u>		Tester's Signature <u>[Signature]</u>		Test Date and Time <u>08/13/07</u>	
-----------------------------------	--	--	--	---------------------------------------	--

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <u>[Signature]</u>		Date <u>8/13/07</u>
--	--	------------------------



City of Henderson
240 Water Street - PO Box 95050
Henderson, NV 89009-5050

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.	Sex m	Date of Examination 8/4/08
Address 3550 TUMRA SWAN ST	Age 29	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

Calibration Date 11/19/07 by:msr
Calibration Due Date 11/18/08
est:189 Date 08/04/08 Time 08:4:
3# 0000000000 Job ID:Aa=8

patient: Jared Spangler

frequency	Left	Right
000 Validity		25
500 Hz	35	25
1000 Hz	45	20
2000 Hz	45	15
3000 Hz	55	30
4000 Hz	55	40
5000 Hz	70	60
6000 Hz	60	50

POSTED
IPA

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Examiner: _____

Audiometer	Serial Number	Calibration Date
Tester's Name <u>Chip Coore</u>	Tester's Signature <u>[Signature]</u>	Test Date and Time <u>8.4.08</u>

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <u>[Signature]</u>	Date <u>8/18/08</u>
--	------------------------



City of Henderson
240 Water Street PO Box 95050
Henderson, NV 89009-5050

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) <u>SPANGLER, JARED F.</u>	Sex <u>M</u>	Date of Examination
Address <u>3550 TUNDRA SWAN, LV, NV, 89122</u>	Age <u>30</u>	Date of Birth <u>7/2/79</u>
Personal Physician's Name	Occupation <u>POLICE OFFICER</u>	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

500	1

Subject Information:

SSN
Status Active
In Program Yes
Language English

8000

Most Recent Test:

Date: 7-24-2009 Time: 9:22:51

	Left	Right
500	45	25
1K	50	20
2K	50	15
3K	65	30
4K	55	40
6K	60	50
8K	55	50

Average of 2K, 3K,
and 4K Results:

AV

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Examiner

Model: Next
Serial: 25654
Cal: 5-7-2009
NMI 83.6-1989

Baseline:

No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected) No Possible	No	No
Rec Shift	No	No
5, 1, 2, 3K Avg:	52	22
2, 3, 4K Avg:	56	28
AAO - 1979:		60%

Audiometer	Serial Number
Tester's Name <u>[Signature]</u>	Tester's Signature <u>[Signature]</u>
Title <u>Physician</u>	

Please sign one copy of this form and submit it to

Employee's Signature

Date

7/24/09

**Firemen And
Police Officer's
Hearing
Examination Form**

Name (Last, First, Middle) SPANGLER, JARED	Sex M	Date of Examination 7/22/10
Address 3550 TUNDRA SWAN ST.	Age 31	Date of Birth 7/2/79
Occupational Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz) Right Ear					
1000	2000	3000	4000	6000	8000

Frequency		
500	1000	2000

Average of 2K, 3K,
and 4K Results:

Average of
and 4K

Otoscopic Examination

Left
✓

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Subject Information

SSN: _____
 Status: ☒ Active
 In Program: ☒ Yes
 Language: ☒ English

Recent Test

Date: 7/21/10 Time: 12:48:20
 Location: **Right**
 Frequency: 500, 1000, 2000, 3000, 4000, 6000, 8000
 Results: 45, 45, 50, 60, 55, 75, 65

Examiner: _____
 Model: _____
 Date: 4/6/2010
 Version: 3.6-1989

Baseline

No.

Current Analysis

	Left	Right
Frequency	No	No
Location	No	No
Intensity	50	25
Duration	55	28

Tester	Serial Number
Name: <i>[Signature]</i>	Title: <i>[Signature]</i>
Tester's Signature: <i>[Signature]</i>	

Please sign one copy of this form and submit it to your employer

Employer's Signature

Received
02/16/16

Date

7/22/10

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.		Sex M	Date of Examination 8/17/11
Address 550 TUNDRA SWAN ST.		Age 32	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
0	1000	2000	3000	4000	6000	8000

500	1000

Jared 8/11/2011
CITY OF HENDERSON

Subject Information:
SSN
Status: Active
In Program: Yes
Language: English

8000

Average of 2K, 3K,
and 4K Results:

Ave.

Most Recent Test:
Date: 8/11/2011 Time: 9:08:33

	Left	Right
500	40	25
1K	50	25
2K	50	15
3K	60	30
4K	60	40
6K	65	55
8K	55	55

Otoscopic Examination

Right	Left

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Examiner:
Model: Next
Serial: 25654
Cal: 4/19/2011
ANSI S3.6-1989

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	50	23
2,3,4K Avg:	56	28
AAO - 1979:	6%	

meter	Serial Number
Tester's Name [Signature]	Tester's Signature [Signature]

Examiner: **[Signature]** Date: **8/17/11**
Subject: **[Signature]** Date: **8/17/11**

Please sign one copy of this form and submit it to you

Tester's Signature

Subject Test

**Firemen And
Police Officer's
Hearing
Examination Form**

First, Middle) SPANGLER, JARED	Sex M	Date of Examination 8/6/12
Address 3590 TUNRA SWAN ST.	Age 33	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz): Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	30	40	45	65

Frequency in Hertz (Hz): Left Ear						
500	1000	2000	3000	4000	6000	8000
45	50	55	65	60	65	75

Average of 2K, 3K,
and 4K Results:

58.3

Average of 2K, 3K,
and 4K Results:

26.6

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Medical Referral

Retest Recommended

Complete Audiogram

Remarks

747775 Serial# 3390

Calibration Date 02/23/12 by: audmed

Calibration Due Date 02/22/13

Test :000 Date 08/13/12 Time 14:10

SS# 000000000 Job ID: >920

Patient **423513**

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	65	30
4000 Hz	60	40
6000 Hz	65	65
8000 Hz	75	65

Examiner

Audiometer AMBCO	Serial Number 6390	Calibration Date 8/13/12
Tester's Name Ally Moreno	Title MA	Tester's Signature Ally Moreno
		Test Date and Time 8/13/12

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

[Signature]

Received
02/16/16

Date

8/6/12

**Firemen And
Police Officer's
Hearing
Examination Form**

Name (Last, First, Middle) Spanglar, Jared	Sex M	Date of Examination 7.29.13
Address 3550 Tundra Swan Las Vegas, NV 89122	Age 34	Date of Birth 7.2.79
Personal Physician's Name N/A	Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

500	10

Average of 2K, 3K,
and 4K Results:

Av:

Most Recent Test:
Date: 7/24/2013 Time: 7:08:44

	Left	Right
500	40	35
1K	50	25
2K	55	20
3K	65	40
4K	60	45
6K	65	80
8K	60	65

 Examiner:
 Model: Next
 Serial: 25654
 Cal: 4/12/2013
 ANSI S3.6-1989

8000

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	52	30
2,3,4K Avg:	60	35
AAO - 1979:	13%	

Examiner Date

Subject Date

Audiometer		Serial Number	
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

7.29.13

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) Spangler, Jared		Sex M	Date of Examination 8.7.14
Address 3550 Tundra Swan Las Vegas, NV 89122		Age 35	Date of Birth 7.2.79
Personal Physician's Name		Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency	
500	1000

Most Recent Test:		
Date:	7/31/2014	Time: 7:29:39
	<u>Left</u>	<u>Right</u>
500	50	30
1K	55	30
2K	65	25
3K	65	45
4K	65	50
6K	80	65
8K	75	55

Average of 2K, 3K,
and 4K Results:

Average
and

Otososcopic Examination

Right	Left
/	/

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

"Has continued
Audiology Care."
RECOMMENDATIONS

Has continue

Medical Referral

Retest Recommended

Complete Audiogram

Examiner:

Model: Next
Serial: 25654
Cal: 4/9/2014
ANSI S3.6-1989

Baseline:

No Baseline

Current Analysis:

	<u>Left</u>	<u>Right</u>
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	58	32
2,3,4K Avg:	65	40
AAO - 1979:		17%

Examiner Date

Subject Date

meter		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Tester's Signature

Received
02/16/16

Date
8.7.14

**Firemen And
Police Officer's
Hearing
Examination Form**

Name (Last, First, Middle) Spangler, Jared, F		Sex M	Date of Examination 8.13.15
Address 3550 Tundra Swan St Las Vegas, NV 89122		Age 36	Date of Birth 7.2.79
Personal Physician's Name		Occupation PO	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Frequency in Hertz (Hz), Left Ear	
500	1

A1

Language: English
Most Recent Test:
Date: 8/11/2015 Time: 8:36:24
Left Right
500 45 30
1K 55 25
2K 60 20
3K 65 45
4K 65 45
6K 70 60
8K 65 50

8000

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Baseline:
No Baseline

Current Analysis:

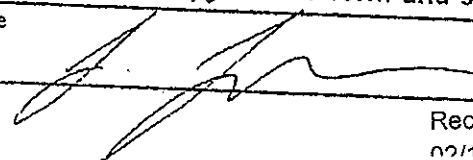
	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	56	30
2,3,4K Avg:	63	36
AAO - 1979:	14%	

Examiner Date

Subject Date

Audiometer		Serial Numl	Subject Test
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature	Date
	8.13.15

02/11/2016 10:00AM FAX 7025276068

ANDERSON AUDIO

00005/0001



Las Vegas Office
3120 S Rainbow Blvd
Ste 202
Las Vegas, NV 89146
p: 702.233.4327
f: 702.233.8837

Henderson Office
2642 W Horizon Ridge
Ste A11
Henderson, NV 89052
p: 702.933.9102
f: 702.933.9108

Alhambra/Centennial Office
6475 N Decatur Blvd
Ste 125
Las Vegas, NV 89131
p: 702.933.9103
f: 702.933.9104

Sun City/Summerlin Office
9430 W Lake Mead Blvd
Ste 11
Las Vegas, NV 89134
p: 702.527.6066
f: 702.527.6068

Audigy Certified™

February 9, 2016

RE: Jared Spangler
DOB: 07/02/1979

To Whom It May Concern:

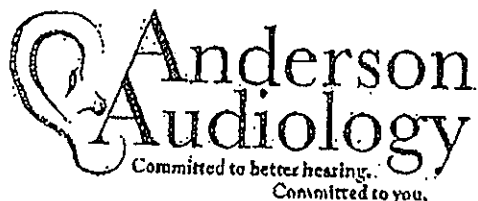
I had the pleasure of seeing the above mentioned patient at our office on February 5, 2016, for an audiologic evaluation. Mr. Spangler reported he has been working with the police department since 2003 and has noticed that his hearing has become progressively worse and now has cricket/locust sounds bilaterally, which sometime change in intensity. Mr. Spangler's last hearing test was in October 2015 as part of routine physical testing, conducted by Precision Hearing Conservation in association with the City of Henderson, the results of which, along with every test since the baseline, were provided to me by Mr. Spangler. These tests were used for OSHA comparisons regarding standard threshold shifts. Mr. Spangler reported that he was on active patrol for approximately 11 years, where he was exposed to sirens, gunfire during range qualifications, and a radio piece in his left ear, and then a lapel microphone on his left side. As a result of documented changes in Mr. Spangler's hearing in the left ear, he was sent for an MRI in 2006/7 to see if there was a "kink" in a canal that was inhibiting the sound transmission, the results of which were negative. Mr. Spangler denied any otorrhea, otalgia, or vertigo, but did report some previous noise exposure when he worked as a mechanic for two years in high school. He also reported a positive family history of hearing loss with his identical twin brother, who also works for the police department. Mr. Spangler reported he has great difficulty understanding others in noisy situations and women's and children's voices, which negatively impacts his communication with his family.

Please find enclosed a copy of the testing results. Otoscopy revealed a semi-occluded right ear and a clear left external auditory canal. The cerumen in the right ear was removed without incident prior to all testing. Tympanometry revealed normal, Type A, tracings bilaterally, suggesting normal middle ear function and tympanic membrane movement. Distortion product otoacoustic emissions in the right ear were present 1.5-3k Hz and absent 4-6k Hz, and for the left ear were absent 1.5-6k Hz. Standard pure tone testing revealed borderline normal hearing, 0.25-2k Hz, sloping to a moderate high frequency sensorineural hearing loss in the right ear, and a mild sloping to severe sensorineural hearing loss in the left ear with a notch present at 6k Hz. Word recognition scores in quiet were 100% and 72% for the right and left ears, respectively, at a normal presentation level in the right ear, but an elevated level in the left ear.

02/11/2018 10:01AM FAX 7025276057

ANDERSON AUDIO

00006/0001



Las Vegas Office
3120 S Rainbow Blvd
Ste 202
Las Vegas, NV 89146
p: 702.233.4327
f: 702.233.8837

Henderson Office
2642 W Horizon Ridge
Ste A11
Henderson, NV 89052
p: 702.933.9102
f: 702.933.9106

Allente/Centennial Office
6476 N Decatur Blvd
Ste 125
Las Vegas, NV 89131
p: 702.933.9103
f: 702.933.9104

Sun City/Summerlin Office
9430 W Lake Mead Blvd
Ste 11
Las Vegas, NV 89134
p: 702.527.6068
f: 702.527.6068

Audigy Certified™

Utilizing the OSHA guidelines which define an STS, in either ear, as a change of 10 dB or more in the average thresholds at 2000 Hz, 3000 Hz, and 4000 Hz, the results are as follows:

Left Ear: a 30 dB difference, OSHA STS: Yes
Right Ear: a 26.7 dB difference, OSHA STS: Yes

Comparison is based on the audiometric data provided by Mr. Spangler from the City of Henderson baseline test conducted on 8/8/2003. An age factor was not utilized in the above comparison. Using the age correction comparison thresholds for a 36-year-old male to the baseline age of 24-years-old, the results are as follows:

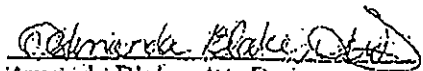
Left Ear: a 26 dB difference, OSHA STS: Yes
Right Ear: a 22.7 dB difference, OSHA STS: Yes

Based on these results, Mr. Spangler's hearing loss does not prevent him from going back to work. The configuration of Mr. Spangler's hearing loss is not a consequence of the normal aging process for either ear and is suggestive of noise exposure.

The aforementioned results were discussed with Mr. Spangler, including that he is a candidate for binaural amplification and he expressed understanding. In conclusion, I would recommend binaural amplification upon medical clearance, continuation of annual hearing evaluations or sooner if changes in hearing or tinnitus are noted, and the use of hearing protection in noise.

I thank you for the opportunity to participate in the hearing health care of this patient. Please do not hesitate to contact me with any questions.

Sincerely,


Amanda Blake, Au. D.

02/11/2016 10:01AM FAX 1023216051

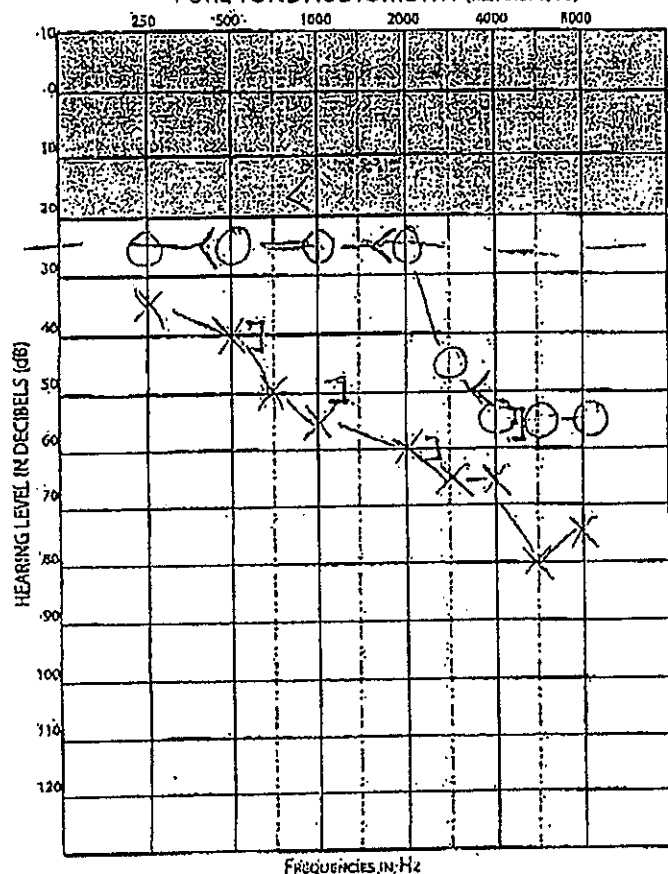
ANDERSON AUDIO

00001/0001

AUDIOGRAM

Audigy Certified

PURE TONE AUDIOMETRY (RE: ANSI 1996)

Practice: Anderson Audiology Location: HendersonName: Wend Spangler Date of Birth: 7/2/79

Referred By: _____

Test Interval: _____ Date of Test: 2/5/14

KEY:

LEFT	SWITCH	RIGHT
X	Air	O
□	Air - Mask	△
>	Bone	<
J	Bone - Mask	E
N	No Response	K
L	UCL	R
S	SOUND FIELD - S	
V	VIBRO-TACTILE - VT	
T	TINNITUS - T	

TEST TYPE:

STANDARD CAE	<input checked="" type="checkbox"/>
PLAY	<input type="checkbox"/>
COR/VA	<input type="checkbox"/>
UOA	<input type="checkbox"/>

TRANSDUCER

INSERT	<input type="checkbox"/>
CIRCUM/AURAL	<input checked="" type="checkbox"/>
SOUND FIELD	<input type="checkbox"/>

RELIABILITY

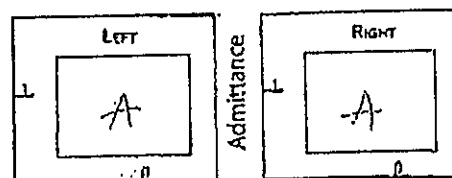
EXCELLENT	<input type="checkbox"/>
GOOD	<input checked="" type="checkbox"/>
FAIR	<input type="checkbox"/>
POOR	<input type="checkbox"/>

BOOTH

#1	<input type="checkbox"/>
#2	<input type="checkbox"/>
#3	<input type="checkbox"/>
#4	<input type="checkbox"/>

TYMPANOMETRY (226 Hz)

EAR	LEFT	RIGHT
EAR CANAL VOLUME cm ³	1.14	1.34
TYMP PEAK PRESSURE (DAPA)	-15	10
STATIC ADMITTANCE (MMH2O)	1.22	0.93
TYMP WIDTH (DAPA)	78	92



CONTRA	3kHz	1kHz	2kHz	4kHz	PSI	3kHz	1kHz	2kHz	4kHz
Right (AD)					AD (probe ear)				
Left (AS)					AS (probe ear)				

MIDDLE EAR ANALYZER

SPEECH AUDIOMETRY

	PTA	SRT/ SAT	Speech Recognition	Speech Recognition	MCL	UCL
RIGHT (AD)	25	30	100%	65	65	100
Masking				%		
LEFT (AS)	52	65	72%	90	90	105
Masking				%		
MLV	CD/Type	W-22	WIP	PBK	SPECIAL:	SPECIAL:

TINNITUS EVALUATION

RIGHT	PT/NB	kHz	dBHL
LEFT	PT/NB	kHz	dBHL
BINAURAL	PT/NB	kHz	dBHL

HYPERACUSIS: YES / NO

CATEGORY: 0 1 2 3 4

History, Impressions, Recommendations: It reported he has already had an MRI to look at the left ear.Rx: Binaural amplification, use of hearing protection to noise, annual audiometric testing to monitor hearingAudiologist: Schroeder Blake, PhD Assistant: _____

Audiometer: _____

OTOACOUSTIC EMISSIONS (OAEs)

EMISSION TYPE USED	TEST TYPE PERFORMED
Transient	OAE Complete
<input checked="" type="checkbox"/> Distortion Product	<input checked="" type="checkbox"/> OAE Screen

OAE Results:

Right Ear	Present: 1.5-3 kHz Absent: 4-10 kHz
Left Ear	Absent: 1.5-6 kHz

OAE Unit

HEARING INSTRUMENT INFORMATION

RIGHT INSTRUMENT: _____

LEFT INSTRUMENT: _____

Otoscopy: semi-occluded AD AS clear cerumen removed from AD prior to all testing without incident

7022674751

09:50:29 a.m. 02-08-2016

1 / 1



Human Resources Department/Risk Management Division

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE

Employee's Name: Jared SpanglerEmployee Number: 016712Date of Injury: 8/25/03-CurrentDate of Current Visit: 2/5/16Is this a scheduled work day? ☐ Yes ☒ NoCURRENT WORK STATUS: ☒ Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS (to be completed by Treating Physician Only)

Diagnosis ICD9 Code (No Narrative): H83.3X3• Released to Full-Duty on 2/5/16 with use of hearing protection as needed• Released to Modified-Duty on / / with the following restrictions (check all applicable):☐ No Reaching Bunching Pulling☐ No Fire Suppression, Rescue or Paramedic Activities (emergencies)☐ No Repetitive Motion to Injured Part:☐ No Combat SituationsBody Part ☐ Medication May be used while Working☐ No Reaching/Working above Shoulder☐ No Operating a Motor Vehicle or Machinery☐ No Climbing: Ladders Stairs Steep Terrain☐ Other: Eye Patch Keep Injury Clean Must Wear Splint/Sling☐ No Lifting over: 5 lbs. 10 lbs. 20 lbs. 35 lbs. 50 lbs. # lbs.Comments/Other:

Employee's restrictions are:

☐ Temporary☐ Permanent• Employee is OFF WORK (TTD) from / / to / /
(These dates should not start before this treatment date or extend past next appointment date.)Discharged? ☐ Yes ☒ No ^{Hearing loss is life-long} Medically Stable? ☐ Yes ☒ No ^{due to evidence of hearing from baseline} Ratable? ☐ Yes ☐ No ☒ TBDCondition: ☐ Same ☐ Improved ☒ Worsened - when compared to baseline dated 8/8/03Request Referral? ☒ Yes ☐ NoReferral For/To: ENT to rule out retrocochlear pathology due to significant change in hearing in the left earObjective Findings/Treatment/Prognosis: Sensorineural hearing loss bilaterally, worse in the left ear, with evidence of damage from noise exposure bilaterally. Recommended treatment is the use of bilateral amplification.

REHABILITATION (Physical Therapist/Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☐ No Employee Is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete

SIGNATURES (Provider, Employee, Supervisor)

TIME IN: 11:00a TIME OUT: 12:00pNEXT APPOINTMENT: Date TBDTime Physician or Clinician Signature Dr. Amanda BlakeDate 2/5/16Physician or Clinician Print Name Dr. Amanda BlakePhone (702) 933-9102Address 2642 W. Horizon Ridge Pkwy, Ste. A11City/State/ZIP Henderson, NV 89052Employee Signature [Signature]Supervisor Signature [Signature]

RECEIVED

FEB 8 2016

ORIGINAL: HR-Risk Management Division, MSC 137 (Fax: 702-267-1902)

PLEASE RETAIN A COPY: Department Employee Physician
City of Henderson
Risk Management Division

Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(4))

Injured Employee's Name: Jared Spangler
 Claim Number: _____ Social Security Number: _____
 Injured Employee's Address: 3550 Tundra Swan Street, Las Vegas, NV, 89122
 Injury/Occupational Disease Date: Numerous Date this Notice Printed: 2/9/2016
 Insurer's Name: CITY OF HENDERSON Employer: CITY OF HENDERSON
 Insurer's Address: C/O CCMSI Employer's Address: 240 WATER STREET
P.O. BOX 35350, LAS VEGAS, NV 89133 HENDERSON, NV 89015

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.

☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)

☒ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

I HAVE DOCUMENTED PREVIOUS EXPOSURES
RELATED TO MY EARS/HEARING, THIS HAS RESULTED
IN RINGING & HEARING LOSS OVER THE COURSE OF (2) YEARS W/THE
CITY

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.

Signature [Signature]

Date 2/9/16

03 2016 13:53

HP LASERJET FAX

p. 2

HEARING & BALANCE

DOCTORS OF NEVADA

March 2, 2016

RE: Jared Spangler
Claim Number: 16C52G555847

To Whom It May Concern:

The above mentioned patient has a history of bilateral sensorineural hearing loss and tinnitus that are reported to have begun after being exposed to loud noises while on the job with the Henderson City Police Department. Mr. Spangler's main concern is that he has difficulty hearing conversational speech particularly if in the presence of background noise. He reports being frustrated due to not hearing his wife and children and having to have them repeat themselves often. Mr. Spangler also reported having tinnitus which interferes with his ability to relax in quiet environments.

Medical records that were provided for review by CCMSI which included Mr. Spangler's annual hearing evaluations from the time that he was a new hire with the police dept in 2003 with the most recent in 2015. Also included were records from a medical evaluation by Dr. Scott Manthei, D.O. ENT in 2005. In February 2016 Mr. Spangler was evaluated by Amanda Blake, Au.D. with Anderson Audiology which records were also provided.

After reviewing the provided medical records it is apparent that Mr. Spangler did have a mild to moderate hearing loss in his left ear and normal to mild high frequency hearing loss in his right ear prior to his employment with the Henderson City Police dept. However, in the thirteen years that Mr. Spangler has been employed as a police officer, his hearing has significantly decreased bilaterally. Hearing decrease is considered significant if a change of 10dB or more occur at three or more hearing thresholds.

By way of medical records review there is a high likelihood that there is an underlying condition that may be contributing to Mr. Spangler's hearing loss in his left ear. Dr. Manthei identified a possible tumor located in the area of the left cochlear nerve. However, there is a high probability that Mr. Spangler's threshold shift may be as a result of on the job noise exposure.

An independent audiology evaluation in February 2016 was also provided and reviewed. Amanda Blake, Au.D. an audiologist with Anderson Audiology also reviewed the above mentioned medical records of which I agree with her review with the exception of the MRI findings which she reported as negative. The MRI reports states that there is a possible lesion and that the recommendation of the radiologist is to re-image using a higher resolution MRI in order to confirm results.

03 2016 13:53 HP LASERJET FAX

p.3

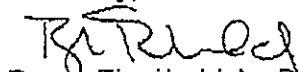
Today's results show type A tympanograms bilaterally, with Otoacoustic emissions being absent bilaterally. Pure tone hearing thresholds show a mild to moderately severe sensorineural hearing loss in the right ear and a moderate to moderately severe sensorineural hearing loss in the left.

It is my opinion that Mr. Spangler should be fit with hearing aids in order to minimize his struggles with communication. I recommend due to the diverse environments that Mr. Spangler is in daily, that he obtain the highest level of hearing aid technology currently available.

I am also recommending that Mr. Spangler schedule an appointment with a Neuro-Otologist who can evaluate the potential likelihood of a left sided cochlear pathology.

Thank you for this opportunity to participate in Mr. Spangler's hearing health care needs. If you have any questions or comments regarding the test results or recommendations, please feel free to contact our office at (702)896-0031.

Sincerely,



Roger Theobald Au.D.
Doctor of Audiology

HP LASERJET FAX

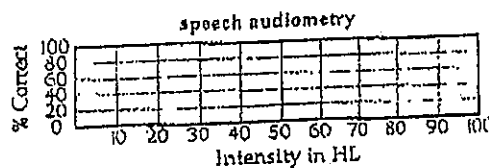
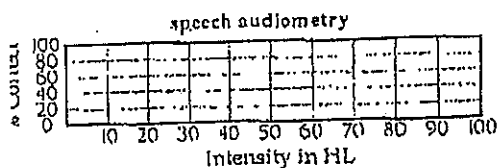
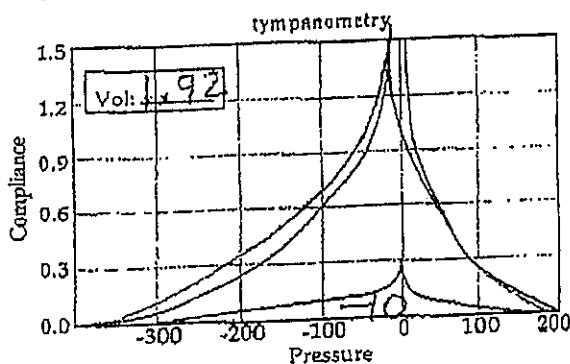
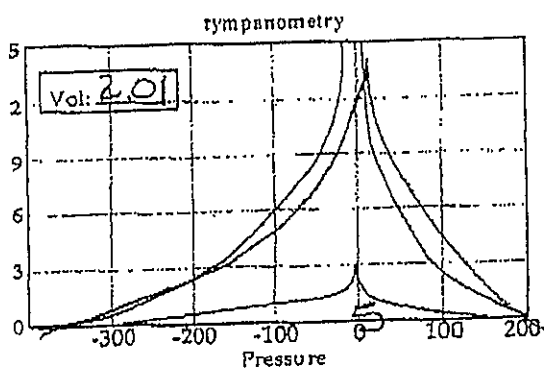
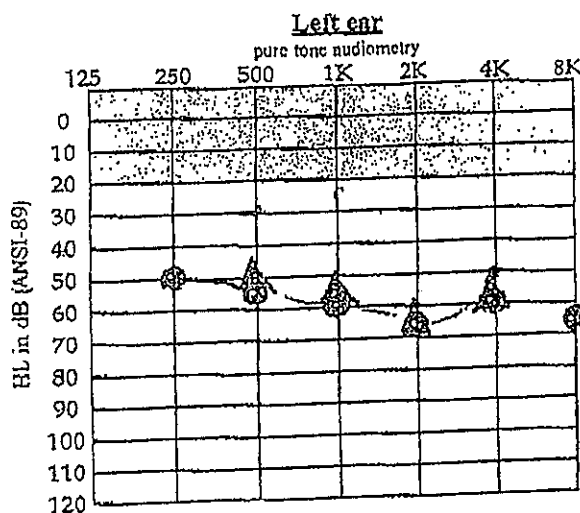
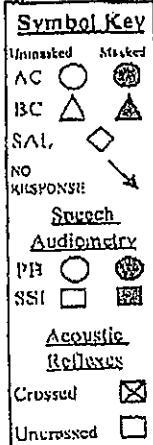
Roger Theobald, Au.D.

Patient Age: 36

Referred by:

Examiner:

Date: 3/1/16



Ad		As
	PTA	
35	SRT	65
	MCL	85
	UCL	
100	WDS	80
65	@dB	95
Au	WDS	
Au	@dB	

	OAE's Wnl@			
	1K	2K	3K	4K
Ad	F	F	F	F
As	F	F	F	F

[illegible]

MENTS/RECOMMENDATIONS:

03 2016 13:53

HP LASERJET FAX

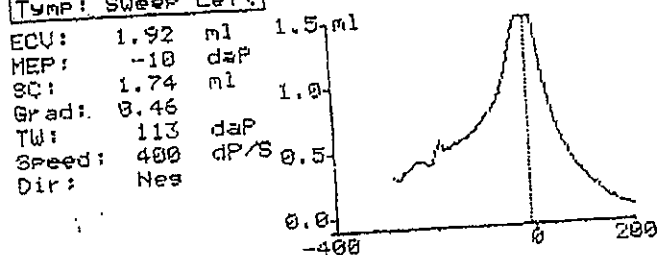
p.5

Madsen Electronics
 ZODIAC 901 S/N 130403
 Headset S/N 282184
 Cal. Date: Jun-9-2015
 Program Version 4.08
 Nevada Hearings & Balance Center

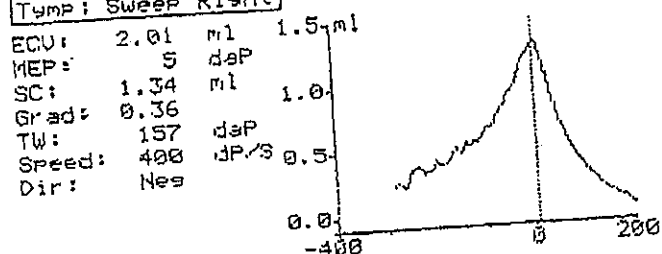
~~Operator:~~ Jared Spangler
~~Patient:~~ Roger Theobald AND.
 Patient Number: 0

Date: Mar-1-2016 Time: 02:29PM

Temp: Sweep Left



Temp: Sweep Right





March 15, 2016

Jared Spangler
3550 Tundra Swan
Las Vegas, NV 89122

RE: Claim Number : 16C52G555847
Date of Injury : 01/14/2016
Insurer : City of Henderson

Dear Mr. Spangler:

CCMSI is in receipt of your claim filed for the above date of injury. After a thorough review of all the information submitted, it cannot be determined whether or not an actual noise exposure occurred. Based on the information provided, it is the decision of CCMSI to deny your claim. This denial is also based on the fact that the information supplied does not clearly establish that your disability arose in the course and scope of your employment, as specified in Nevada Revised Statute 616C.150 or 617.440. Additionally, this claim does not qualify for coverage under Chapter 617 of the Nevada Revised Statutes.

Please be aware that, although your claim is being denied, the bills related to your appointment with Dr. Theobald only will be covered as a courtesy.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

Susan Riccio
Claims Representative

enc: NRS 616C.150, 617.440
"Request for Hearing" form

cc: City of Henderson,
File

Nevada Department of Administration Hearings Division
 2200 S. Rancho Dr. #210
 Las Vegas, NV 89102
 (702) 486-2525

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	Jared Spangler
Address:	3550 Tundra Swan
	Las Vegas, NV 89122
Telephone:	

EMPLOYER INFORMATION

Claim number:	16C52G555847
Employer:	City of Henderson
Address:	240 Water Street
	Henderson, NV 89015
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: March 15, 2016

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
 PER NRS 616C.315 2(a)(b)**

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with Insurer's March 15, 2016 letter denying claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Thaddeus J. Yurek III, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:

Name:	CCMSI
Address:	P.O. Box 35350
	Las Vegas, NV 89133-5350
Telephone:	(866) 888-4755

Signature 

March 28, 2016
 Date

SCHEDULED ON
 APR 01 2016

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.

15 23393-MT

45

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

STATE OF NEVADA
 DEPT OF ADMINISTRATION
 HEARINGS DIVISION

In the matter of the Contested
 Industrial Insurance Claim of:

Hearing Number: 1523393-2
 Claim Number: 15C52G55847

JARED SPANGLER
 3550 TUNDRA SWAN ST
 LAS VEGAS, NV 89122

ATTN ROBERT OSIP
 CITY OF HENDERSON
 240 S WATER ST MSC 122
 HENDERSON, NV 89015-7227

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

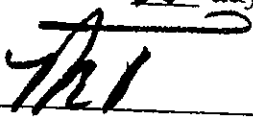
The Claimant's Request for Hearing was filed on March 28, 2016 and scheduled for May 11, 2016. The requesting party appealed the Insurer's determination dated March 15, 2016. The hearing was scheduled for May 11, 2016.

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 2nd day of May, 2016.


 Megan Trenkler
 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 09 2016

6/2/16
 1524756 - GB

46

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

JARED SPANGLER
3550 TUNDRA SWAN ST.
LAS VEGAS, NV 89122,

Claimant.

Claim No.: 16C52G555847
Hearing No.: 1523393
Appeal No.: 1524756-GB
Employer:
CITY OF HENDERSON
ATTN: ROBERT OSIP
P.O. BOX 95050 MSC 127
HENDERSON, NV 89009-5050

DOH: 06/20/16 AT 1:00 P.M.

EMPLOYER'S APPEAL MEMORANDUM

COMES NOW the Employer, CITY OF HENDERSON (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and submits its Appeal Memorandum for the hearing on the instant matter currently set to be heard on Monday, June 20, 2016, at 1:00 p.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 he sustained an injury arising out of and in the course and scope of his employment.

2. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant as the claimant failed to meet his burden of proof that the claim denial determination was improper.

3. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant given his prior 2005/2006 hearing loss claim, which was denied, and the intervening desk job assignment of the claimant.

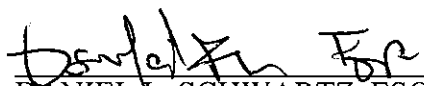
WHEREFORE, the Employer, CITY OF HENDERSON, respectfully requests that the Appeals Officer provide the following relief:

1. That the Appeals Officer affirm the claim denial determination dated March 15, 2016.

DATED this 13 day of June, 2016.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 
 DANIEL E. SCHWARTZ, ESQ.
 Nevada Bar No. 5125
 2300 W. Sahara Ave., Ste. 300, Box 28
 Las Vegas, NV 89102
 (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 forty-six (46) pages, filed separately herein. 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 claimant has demonstrated through credible evidence that he sustained an industrial injury that arose out of and in the course and scope of her employment.

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 case as respondent will be one (1) hour or less.

On February 9, 2016, the claimant, JARED SPANGLER (hereinafter referred to as “claimant”), alleges that has hearing loss and ringing in the ears which he attributes to job related exposure to loud noises. The claimant was seen by Dr. Blake at Anderson Audiology where hearing loss was noted. **The claimant appears to have failed to have revealed his earlier 2005 denied hearing loss claim or that the claimant apparently has been working a desk job for the last 5-6 years.** (Exhibit p. 1)

The Employer's Report of Industrial Injury or Occupational Disease notes a nearly one month delay in reporting the hearing loss. (Exhibit p. 2)

The Employer's First Notice of Injury or Occupational Disease notes that the claimant alleges exposure to excessive loud noises and that he has had tinnitus for several years. (Exhibit p. 3)

The claimant **has previously filed a hearing loss claim** in November of 2005. On February 22, 2006, Dr. Manthei noted that the claimant's family had a positive history of hearing loss. **He noted that MRI testing revealed that the claimant had revealed "a contrast enhancement of the left internal auditory canal suggesting extrinsic compression from a neoplastic process of the brain."** [Emphasis supplied.] It was concluded that the claimant's symptomatology was most likely due to a nonindustrial component, and that the claimant's hearing loss should not be considered to be industrial in nature. A claim denial determination for the November 1, 2005, hearing loss claim was issued on March 7, 2006. (Exhibit pp. 4-21)

Hearing testing has been performed throughout the claimant's employment with the City of Henderson. (Exhibit pp. 22-34)

As a result of hearing testing in October of 2015, the claimant was seen by Dr. Blake at Anderson Audiology. A hearing loss was found which was found to be suggestive loss due to noise exposure. (Exhibit pp. 35-38)

A medical release was signed by the claimant on February 9, 2016. (Exhibit p. 39)

On March 2, 2016, the claimant was seen by Dr. Theobald. The claimant complained of difficulty in hearing conversational speech, particularly women and children's voices, especially in the presence of background noise. It was noted that the claimant has a "possible tumor located in the area of the left cochlear nerve." It was recommended that the claimant be seen by a neuro-otologist to assess the potential likelihood of left sided cochlear pathology. (Exhibit pp. 40-43)

On March 15, 2016, a claim denial determination was issued. However, it was noted that bills related to Dr. Theobald's evaluation would be paid. (Exhibit p. 44)

On March 28, 2016, the claimant appealed the claim denial determination. (Exhibit p. 45) This appeal was transferred directly to the Appeals Officer. (Exhibit p. 46)

This appeal ensues.

ARGUMENT

A.

The 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(2) makes it clear that:

1 A claim for compensation filed pursuant to the provisions of
2 chapters 616A to 616D, inclusive, or chapter 617 of NRS must be
3 decided on its merit 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 Based upon the present information, the evidence supports the Employer's
5 position that the claimant has failed to meet his burden of establishing that he has a compensable
6 claim.

7 **B.**

8 **The Denial of the Claim was Legal and Proper**

9 As set forth above, the claimant had filed a hearing loss claim in late 2005, which
10 was denied in early 2006. Further, it is believed that the claimant has been working a desk job
11 for the last 5-6 years. These facts were not accounted for in the C-4 form and the evidence
12 further establishes that the claimant has not met his burden of establishing a compensable claim.
13 Therefore, claim is legal and proper in relation to this claim.

14 Under NRS 616C.150 and NRS 617.358, the claimant has the burden of proof to
15 show that the injury arose out of and in the course of employment. The claimant must satisfy
16 this burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an
17 employee is only entitled to compensation if he is injured in the course and scope of his
18 employment.

19 The Nevada Supreme Court has held that:

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

24 Rio Suite Hotel v. Gorsky, 113 Nev. 600 (1997).

25 Some courts have found a distinction between "the course of employment" and
26 "arising out of employment." In addition to occurring while at work, the injury must result from
27 a hazard connect with the employment. See, Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa
28 1996).

1 In Nevada, the Supreme Court has defined the term “arose out of,” as contained in
 2 NRS 616C.150, to mean that there is a causal connection between the injury and the employee’s
 3 work. In other words, the injured party must establish a link between the workplace conditions
 4 and how those conditions caused the injury. Further, the claimant must demonstrate that the
 5 origin of the injury is related to some risk involved within the scope of employment. The
 6 claimant has failed to meet his burden in this regard, especially given the prior 2006 claim denial
 7 and the intervening primarily desk job assignment of the claimant.

8 NRS 616A.030 defines an accident as “. . . an unexpected or unforeseen event
 9 happening suddenly and violently, with or without human fault, and producing at the time
 10 objective symptoms of an **injury**.” (Emphasis added.)

11 In this case, as explained above, there is no known acute trauma or specific
 12 mechanism of injury, therefore, no statutory accident has been established.

13 Furthermore, NRS 616A.265 defines an injury as “. . . a sudden and tangible
 14 happening of a traumatic nature, producing an immediate or prompt result which is **established**
 15 **by medical evidence . . .**” (Emphasis added.) In this case, there is no statutory injury for the
 16 reasons set forth above.

17 The Nevada Supreme Court has held that:

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

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

23 This holding has been affirmed and bolstered in the Horne v. SIIS, 113 Nev. 532,
 24 936 P.2d 839 (1997) case, which held that “mere speculation and belief does not rise to the level
 25 of reasonable medical certainty.” Given the lack of any fully informed medical opinion making
 26 an industrial causal connection to a reasonable degree of medical probability, claim denial is
 27 legal and proper.

28 Further, the Nevada Supreme Court held in Mitchell v. Clark County School
District, 121 Nev. 179, 111 P.3d 1104 (2005):

1 An accident or injury is said to arise out of employment when there
 2 is a causal connection between the injury and the employee's
 3 work. In other words, the injured party must establish a link
 4 between the workplace conditions and how those conditions
 5 caused the injury. Further, a claimant must demonstrate that the
 6 origin of the injury is related to some risk involved within the
 7 scope of employment. However, if an accident is not fairly
 8 traceable to the nature of employment or the workplace
 9 environment, then the injury cannot be said to arise out of the
 10 claimant's employment. Finally, resolving whether an injury arose
 11 out of employment is examined by a totality of the circumstances.

12 The Court in Rio Suite Hotel & Casino v. Gorsky, 113 Nev. 600, 605 939 P2d.
 13 1043 (1997) held that the "Nevada Industrial Insurance Act is not a mechanism which makes
 14 employers absolutely liable for injuries suffered by employees who are on the job." The Court
 15 concluded by stating, "The requirements of 'arising out of and in the course of employment'
 16 make it clear that a claimant must establish more than being at work and suffering an injury in
 17 order to recover."

18 The Court in Rio All Suite Hotel and Casino v. Phillips, 126 Nev. Ad. Opn. 34
 19 (2010) clarified Mitchell. It indicated that:

20 "The appeals officer found that Phillips' case was 'distinguishable'
 21 from Mitchell because Phillips' injury did not result from an
 22 'unexplained fall.' Without elaborating, the appeals officer also
 23 stated that '[t]he Mitchell [c]ourt mentions the inherent
 24 dangerousness of stairways.' . . . [The Court in Rio further
 25 discussed Mitchell: "The employee argued that because she did
 26 not have a health affliction that caused her to fall and 'because
 27 staircases are inherently dangerous,' her injury 'arose out of her
 28 employment.'" . . . The appeals officer determined that the
 employee's fall did not arise out of her employment, and the
 district court denied her petition for judicial review." . . . [Our
 finding in Mitchell was that] "[T]he employee must show that 'the
 origin of the injury is related to some risk involved within the
 scope of employment . . . thus, because the [Mitchell] employee
 could not explain how the conditions of her employment caused
 her to fall . . . we determined that the appeals officer correctly
 concluded that she failed to demonstrate the requisite 'causal
 connection."

29 The claimant has failed to establish that the origin of his injury, is related to some
 30 risk in the course of employment, given the claimant's past denied hearing loss claim and
 31 subsequent apparent assignment to a desk job, and given the lack of any acute trauma or specific
 32 mechanism of injury.

Furthermore, the claimant has not met the requirements of NRS 617.440 to establish a compensable occupational disease. That statute states:

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.

4. In cases of disability resulting from radium poisoning or exposure to radioactive properties or substances, or to roentgen rays (X rays) or ionizing radiation, the poisoning or illness resulting in disability must have been contracted in the State of Nevada.

5. The requirements set forth in this section do not apply to claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

CONCLUSION

Based upon the foregoing points and authorities, it is clear that the claimant has failed to meet his burden of establishing an entitlement to an accepted workers' compensation claim.

WHEREFORE, the Employer, CITY OF HENDERSON, requests that the Appeals Officer provide the following relief:

...

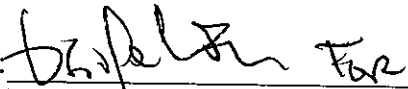
...

1. That the Appeals Officer affirm the claim denial determination dated March 15, 2016.

Dated this 13 date of June, 2016.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 
 DANIEL L. SCHWARTZ, ESQ.
 Nevada Bar No. 005125
 2300 W. Sahara Ave., Ste. 300, Box 28
 Las Vegas, NV 89102-4375
 Tel.: 702.893.3383
 Fax: 702.366.9563
 Attorneys for the Employer,
 CITY OF HENDERSON


CERTIFICATE OF MAILING

I hereby certify that, on the 14th day of June, 2016, 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:

THADDEUS J. YUREK, III, ESQ.
601 S. 9TH ST.
LAS VEGAS, NV 89101

CITY OF HENDERSON
ATTN: ROBERT OSIP
P.O. BOX 95050 MSC 127
HENDERSON, NV 89009-5050

CCMSI
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.: 15C52G555847

JARED SPANGLER,

Appeal No.: 1524756-GB

Claimant.

CLAIMANT'S EVIDENCE PACKAGE

COMES NOW the Claimant and submits the following evidence package attached hereto, collectively marked as Exhibit "1" as follows:

DOCUMENT

PAGE NO.

- | | | |
|----|---|---------|
| 1. | City of Henderson Hearing Examinations | 001-012 |
| 2. | C-4 | 013 |
| 3. | Dr. Amanda Blake, Au. D.'s records | 014-017 |
| 4. | Dr. Roger Theobald, Au.D.'s records | 018-021 |
| 5. | Dr. John Elmore, Au.D., M.B.A.'s records | 022-025 |
| 6. | City of Henderson Hearing Examinations | 026-039 |
| 7. | CCMSI's claim denial letter dated March 15, 2016 | 040 |
| 8. | Notice of Appeal and Order to Appear (1524756-GB) | 041-042 |
| 9. | Order Transferring Hearing to Appeals Office (1523393-MT) | 043-046 |

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AND
FILED

2016 JUL 13 PM 4:34

STATE OF MONTANA
DEPARTMENT OF REVENUE
HEALTH CARE DIVISION

AFFIRMATION PURSUANT TO NRS 293B.030

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

Dated this 13th day of June, 2016.

Respectfully submitted,

GREENMAN GOLDBERG RABY & MARTINEZ



THADDEUS J. YUREK III, ESQ.

Nevada Bar No. 11332

601 South Ninth Street

Las Vegas, NV 89101


Phone: 702.384.1616 ~ Fax: 702.384.2990

Attorney for Claimant

CERTIFICATE OF MAILING

I do hereby certify that on the 13th day of June, 2016, I caused a true and correct copy of the foregoing **CLAIMANT'S EVIDENCE PACKAGE** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, hearings Division, 2200 S. Rancho Dr., Suite 210, Las Vegas, NV to the following:

Daniel L. Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith, LLP
2300 W. Sahara Ave., Ste. 300, Box 28
Las Vegas, NV 89102-4375



An Employee of GREENMAN, GOLDBERG
RABY & MARTINEZ



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED, FLOYD	Sex M	Date of Examination 7/25/03
Address 4130 ARTIST CT.	Age 24	Date of Birth 7/2/79
Organization/Employer H.P.O.	Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	15	20	20	30

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000
30	35	30	30	40	50	50

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Wax or Debris
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Appearance

Recommendations

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Remarks

Audiometer GRASON-STADLER	Serial Number	Calibration Date 4-22-02
Tester's Name Cynthia Kirkpatrick	Title O.H.C	Test Date and Time 8.8.03

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature

[Signature]

Received
02/16/16

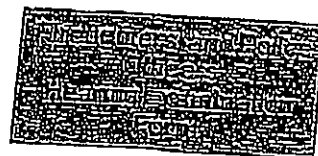
Date

[Signature]



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED F.		Sex Male	Date of Examination 7/6/05
Address 3550 TUMARA SWAN ST.		Age 26	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal
Appearance

Excessive Wax
or Debris

Abnormal
Appearance

Recommend

<input checked="" type="checkbox"/>	Medical
<input type="checkbox"/>	Retest
<input type="checkbox"/>	Compl. Audioc

Ambov --
Calibration Date 04/07/05 1
Calibration Due Date 04/07/06
Test :071 Date 07/14/05 Time 06:54
SS# 000000000 Job ID: 1e=6

Patient **Spangler, Jared**

Frequency	Left	Right
1000 Hz	40	15
500 Hz	45	20
1000 Hz	45	15
2000 Hz	50	05
3000 Hz	55	10
4000 Hz	55	20
6000 Hz	55	45
8000 Hz	65	40

RECEIVED

NOV 7 - 2005

audiometer

Tester's Name Yuthia K. [Signature]	Serial N	Tester's Signature	Test Date and Time
---	----------	--------------------	--------------------

Use sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature

[Signature]	Date 7/14/05
--------------------	------------------------



City of Henderson
240 Water Street • P.O. Box 95050
Henderson, NV 89009-5050

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.	Sex m	Date of Examination 8/4/08
Address 3550 TUNPRA SWAN ST	Age 29	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
00	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
- ☐ Retest Recommended
- ☐ Complete Audiogram

Calibration Date 11/19/07 by:msr
Calibration Due Date 11/18/08
Est: 189 Date 08/04/08 Time 08:41
3# 0000000000 Job ID: Aa=2

Patient: Jared Spangler

Frequency	Left	Right
000 Validity		25
500 Hz	35	25
1000 Hz	45	20
2000 Hz	45	15
3000 Hz	55	30
4000 Hz	55	40
5000 Hz	70	60
6000 Hz	60	50

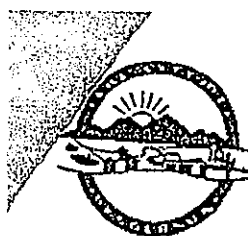
POSTED
IPA

Examiner: _____

Tester's Name Chip Coorel	Serial Number	Calibration Date
Time 8:40	Tester's Signature <i>[Signature]</i>	Test Date and Time 8-4-08

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <i>[Signature]</i>	Date 8/18/08
--	------------------------



City of Henderson

240 Water Street
Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED F.		Sex m	Date of Examination 8/17/06
Address 3550 TUNDRA SWAN		Age 27	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Calibration Date 08/05/07
Calibration Due Date 04/05/07
Test :025 Date 08/17/06 Time 07:21
SS# 000000000 Job ID:AA=3

Patient: Jared Spangler

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal
Appearance

Excessive Wax
or Debris

Abnormal
Appearance

Recd

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	60	25
4000 Hz	55	35
5000 Hz	70	50
6000 Hz	70	45

Examiner: _____

3
20/20
20/20
h 20/20
olor WNL

PV
790
794

Audiometer		Serial Number	Calibration Date
Tester's Name Kirkpatrick	Title Phup Coal	Tester's Signature 	Test Date and Time 8-17-06

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature 	Date 8/24/06
--------------------------	------------------------



City of Henderson
240 Water Street - P.O. Box 95050
Henderson, NV 89009-5050

**Firemen And
Police Officer's
Hearing
Examination Form**

Name (Last, First, Middle) SPANGLER, JARED F.		Sex m	Date of Examination 8/13/07
Address 3556 TAMARA SWAN ST, LV, NV, 89123		Age 28	Date of Birth 7/2/79
Personal Physician's Name DR. KILPATRICK		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
100	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

Remarks

?
Calibration Date 04/05/06 by: m s r
Calibration Due Date 04/05/07
Test : 193 Date 08/13/07 Time 07:00
0000000000 Job ID: Aa5E
Patient: Jared Spangler

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Frequency	Left	Right
1000 Validity		25
500 Hz	40	25
1000 Hz	50	25
2000 Hz	55	15
3000 Hz	65	30
4000 Hz	60	30
6000 Hz	80	55
8000 Hz	70	55

Examiner: _____

Tester Name <u>[Signature]</u>	Title <u>Physician</u>	Tester's Signature <u>[Signature]</u>	Test Date and Time <u>08/13/07</u>
-----------------------------------	---------------------------	--	---------------------------------------

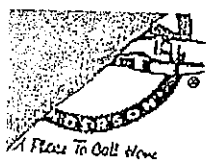
Please sign one copy of this form and submit it to your employer or organization.

Employer's Signature

[Signature]
(rev. 7/99)

Date
8/13/07

Received



City of Henderson
240 Water Street Box 95050
Henderson, NV 89009-5050

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.		Sex M	Date of Examination
Address 3550 TUNDRA SWAN, LV, NV, 89122		Age 30	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
00	1000	2000	3000	4000	6000	8000

Subject Information:		
SSN		
Status	Active	
In Program	Yes	
Language	English	
Most Recent Test:		
Date: 7-24-2009	Time: 9:22:51	

Average of 2K, 3K,
and 4K Results:

Av

	Left	Right
500	45	25
1K	50	20
2K	50	15
3K	65	30
4K	55	40
6K	60	50
8K	55	50

Otoscope Examination

Right	Left

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

Examiner
Model: Next
Serial: 25654
Cal: 5 7 2009
ANSI S3.6-1989

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected) Possible	No	No
Rec Shift	No	No
5, 1, 2, 3K Avg:	52	22
2, 3, 4K Avg:	56	28
AAO - 1979:		60%

meter	Serial Number
Tester's Name [Signature]	Tester's Sign [Signature]

Examiner	Date
Subject	Date

Please sign one copy of this form and submit it to

Tester's Signature

Date

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) Spangler, Jared		Sex M	Date of Examination 7.29.13
Address 3550 Tundra Swam Las Vegas, NV 89122		Age 34	Date of Birth 7.2.79
Personal Physician's Name N/A		Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

F	
500	10

Most Recent Test:
Date: 7/24/2013 Time: 7:08:44

	Left	Right
500	40	35
1K	50	25
2K	55	20
3K	65	40
4K	60	45
6K	65	80
8K	60	65

Average of 2K, 3K,
and 4K Results:

Av:

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	52	30
2,3,4K Avg:	60	35
AAO - 1979:		13%

Examiner _____ Date _____
Subject _____ Date _____

diometer		Serial Number	
Tester's Name		Title	
Tester's Signature		Test Date and Time	

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

DD-5 (rev. 7/99)

Received

Date

7.29.13

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) SPANGLER, JARED		Sex M	Date of Examination 7/22/10
Address 3550 TUNDRA SWAN ST.		Age 31	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear					
1000	2000	3000	4000	6000	8000

Frequency		
500	1000	2000

Subject Information

SSN
Status: Active
In Program: Yes
Language: English

Recent Test

Date: 7/22/10 Time: 12:48:20

Average of 2K, 3K,
and 4K Results:

Average of
and 4K

Otososcopic Examination

Left
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

Medical Referral
Retest Recommended
Complete Audiogram

Right
45
45
50
60
55
75
65

Estimated
Model
Serial
4 6-2010
336-1989

Baseline

No 1

Current Analysis

	Left	Right
Pass/Fail	No	No
Acoustic	No	No
1.25K Avg	50	25
2.5K Avg	55	28

Signature	Title	Serial Number
<i>[Signature]</i>	<i>[Signature]</i>	
Tester's Signature		Date
<i>[Signature]</i>		<i>[Signature]</i>

Please sign one copy of this form and submit it to your employer

Signature

Received

02/16/16

Date

7/22/10

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.		Sex M	Date of Examination 8/17/11
Address 150 TUNDRA SWAN ST.		Age 32	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear					
1000	2000	3000	4000	6000	8000

500	1000

Jared 8/11/2011
CITY OF HENDERSON

Subject Information:

SSN
Status: Active
In Program: Yes
Language: English

8000

Average of 2K, 3K,
and 4K Results:

Ave

Most Recent Test:
Date: 8/11/2011 Time: 9:08:33

	Left	Right
500	40	25
1K	50	25
2K	50	15
3K	60	30
4K	60	40
6K	65	55
8K	55	55

Otoscopic Examination

Left
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

Medical Referral
Retest Recommended
Complete Audiogram

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	50	23
2,3,4K Avg:	56	28
AAO - 1979:		6%

Signature	Title	Serial Number	Tester's Signature
<i>[Signature]</i>	<i>[Signature]</i>		

Examiner: *[Signature]* Date: *[Signature]*
Subject: *[Signature]* Date: *[Signature]*

Subject Test

Received
02/16/11

**Firemen And
Police Officer's
Hearing
Examination Form**

First, Middle) SPANGLER, JARED		Sex M	Date of Examination 8/6/12
Address 3560 TUNRA SWAN ST.		Age 33	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	30	40	45	65

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000
45	50	55	65	60	65	75

 Average of 2K, 3K,
and 4K Results:

58.3

 Average of 2K, 3K,
and 4K Results:

26.4
Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Remarks

 747020 Serial# 3390
 Calibration Date 02/23/12 by: audmed
 Calibration Due Date 02/22/13
 Test :000 Date 08/13/12 Time 14:10
 SS# 0000000000 Job ID: >920
 Patient **423513**

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	65	30
4000 Hz	60	40
6000 Hz	65	65
8000 Hz	75	65

Examiner

Audiometer AMBCO		Serial Number	Calibration Date 8/13/12
Tester's Name W. Noreus	Title MA	Tester's Signature W. Noreus	Test Date and Time 8/13/12

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

 Received
02/16/16

Date

8/6/12

10

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) Spangler, Jared		Sex M	Date of Examination 8.7.14
Address 3550 Tundra SW Las Vegas, NV 89122		Age 35	Date of Birth 7.2.79
Personal Physician's Name		Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
100	1000	2000	3000	4000	6000	8000

Frequency	
500	1000

Average of 2K, 3K,
and 4K Results:

Average
and

Most Recent Test:		
Date: 7/31/2014	Time: 7:29:39	
	Left	Right
500	50	30
1K	55	30
2K	65	25
3K	65	45
4K	65	50
6K	80	65
8K	75	55

Otoscope Examination

ht	Left

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

"Has continued
Audiology Care."
RECOMMENDATIONS
has continue

Medical Referral
Retest Recommended
Complete Audiogram

Examiner:
Model:
Serial:
Cal:
Next
25654
4/9/2014
ANSI S3.6-1989

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	58	32
2,3,4K Avg:	65	40
AAO - 1979:		17%

Examiner _____ Date _____
Subject _____ Date _____

Name	Title	Serial Number	Calibration Date
Tester's Signature		Test Date and Time	

Please sign one copy of this form and submit it to your employer or organization.

Tester's Signature

Rev. 7/99)

Received
02/16/16

Date
8.7.14

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle) Spangler, Jared, F		Sex M	Date of Examination 8.13.15
Address 3550 Tundra Shan St Las Vegas, NV 89122		Age 36	Date of Birth 7.2.79
Personal Physician's Name		Occupation PO	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Language		English	
Most Recent Test:		8000	
Date: 8/11/2015	Time: 8:36:24		
	Left	Right	

Average of 2K, 3K,
and 4K Results:

500	45	30
1K	55	25
2K	60	20
3K	65	45
4K	65	45
6K	70	60
8K	65	50

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
☐ Retest Recommended
☐ Complete Audiogram

Examiner:
Model:
Serial:
Cal:
Next
25654
4/ 8/2015
ANSI S3.6-1989

Baseline:
No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	56	30
2,3,4K Avg:	63	36
AAO - 1979:	14%	

Examiner _____ Date _____
Subject _____ Date _____

Audiometer		Serial Numl	Subject Test
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

10D-5 (rev. 7/99)

Received
02/16/16

Date
8.13.15

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INJURY OR DISEASE

FORM C-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name JARED	M.I. F.	Last Name SPANGLER	Birthdate 7/2/79	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)
Home Address 3550 TUNDRA SWAN ST		Age 36	Height 600	Weight 210	Social Security Number [REDACTED]
City LV	State NV	Zip 89002	Telephone 702-461-1780		
Mailing Address S/A		State NV	Zip 89002	Primary Language Spoken ENGLISH	
INSURER LOOMIS		THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred POLICE OFFICER	
Employer's Name/Company Name CITY OF HENDERSON				Telephone 702-267-5000	
Office Mail Address (Number and Street) 223 LEAD ST, HEND. NV, 89015					
Date of injury (if applicable) N/A	Hours of injury (if applicable) am pm	Date Employer Notified 1/16	Last Day of Work After Injury or Occupational Disease N/A		Supervisor to Whom Injury Reported SGT. JASON KUZIK
Address or Location of Accident (if applicable) HENDERSON					
What were you doing at the time of the accident? (if applicable) JOB RELATED ACTIVITIES					
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) EXPOSURE TO LOUD NOISES					
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? AFTER BEING HIRED					Witnesses to the Accident (if applicable) N/A
Nature of Injury or Occupational Disease HEARING RINGING IN EARS			Part(s) of Body Injured or Affected EARS		
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 2/9/16	Place [REDACTED]	Employee's Signature [Signature]			
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT					
Place Anderson Audiology - Henderson location	Name of Facility Anderson Audiology - Henderson location				
Date 2/5/16	Diagnosis and Description of Injury or Occupational Disease Right: borderline normal, 0.25-2.0 Hz, sloping to moderate high frequency sensorineural hearing loss Left: mild sloping to severe sensorineural hearing loss with notch present at 6 kHz		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
Hour 11:00 am	Treatment: Binaural amplification upon medical clearance, annual hearing evaluations, and use of hearing protection in noise		Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input checked="" type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____		
X-Ray Findings: N/A					
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Used in baseline conduct of another facility and testing conducted by me at site					
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medical clearance for amplification					
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes) patient noted some noise exposure from work as a mechanic for 2 years during high school.					
Date 2/9/16	Print Doctor's Name Amanda Blake		I certify that the employer's copy of this form was mailed to the employer on:		
Address 3120 S. Rainbow Blvd, #202			INSURER'S USE ONLY		
City Las Vegas	State NV	Zip 89146	Provider's Tax I.D. Number 26-2948435	Telephone 702-233-4327	
Doctor's Signature Amanda Blake, DMD				Degree Au.D.	

02/11/2016 10:01AM FAX (725)216

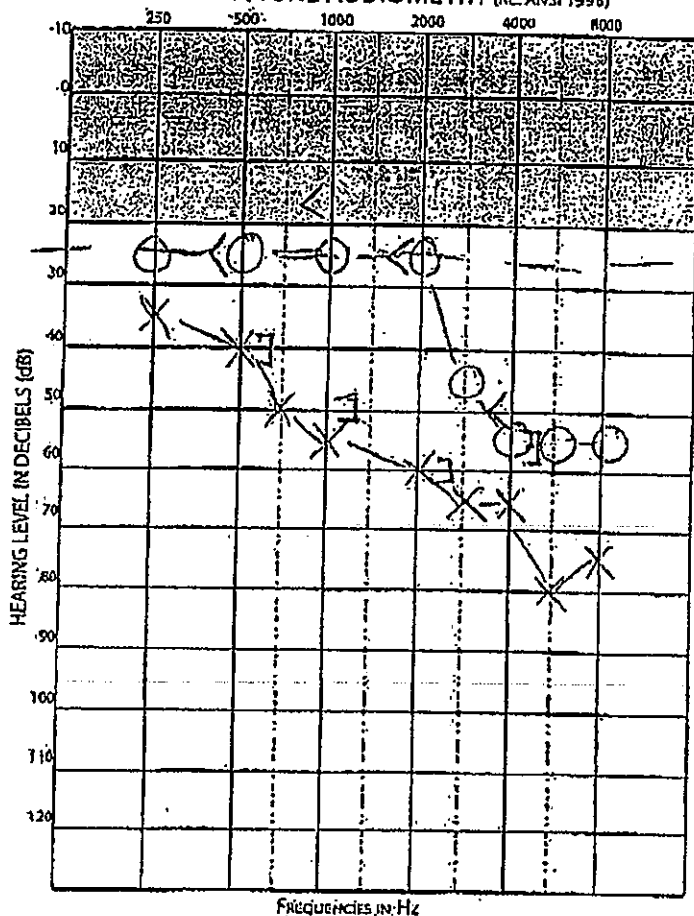
ANDERSON AUDIO

0000000000

AUDIOGRAM

AudiogCertified

PURE TONE AUDIOMETRY (RE: ANSI 1996)



SPEECH AUDIOMETRY

	PTA	SRT/ SAT	Speech Recognition	Speech Recognition	MCL	UCL
RIGHT (AD) Masking	25	30	100%	65	65	100
LEFT (AS) Masking	52	65	72%	90	90	105
MLW	CD/ape	W-22	WIPI	PBK	SPECIAL:	SPECIAL:

TINNITUS EVALUATION

RIGHT	PT/NB	_____ kHz	_____ dBHL
LEFT	PT/NB	_____ kHz	_____ dBHL
BINAURAL	PT/NB	_____ kHz	_____ dBHL

HYPERACUSIS: YES / NO

CATEGORY: 0 1 2 3 4

History, Impressions, Recommendations: Pt. reported he has already had an MRI to look at the left ear.

Rx: Binaural amplification, use of hearing protection in noise, annual audiometric testing to monitor hearing

Practice: Anderson Audiology Location: HendersonName: Jared Spangler Date of Birth: 7/2/79

Referred By: _____

Test Interval: _____ Date of Test: 2/5/16

Key:

LEFT	STANDARD	RIGHT
X	Air	O
□	Air-Mask	△
>	Bone	<
J	Bone-Mask	E
∇	No Response	K
L	UCL	R
SOUND FIELD - S		
VIBRO-TACTILE - VT		
TINNITUS - (T)		

TEST TYPE

STANDARD CAE	<input checked="" type="checkbox"/>
PLAY	<input type="checkbox"/>
COR/VA	<input type="checkbox"/>
BOA	<input type="checkbox"/>

TRANSDUCER

INSERT	<input type="checkbox"/>
CIRCUMRAURAL	<input checked="" type="checkbox"/>
SOUND FIELD	<input type="checkbox"/>

RELIABILITY

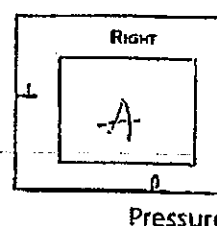
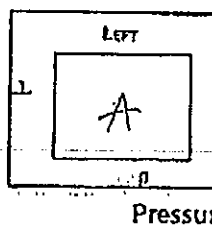
EXCELLENT	<input type="checkbox"/>
GOOD	<input checked="" type="checkbox"/>
FAIR	<input type="checkbox"/>
POOR	<input type="checkbox"/>

BOOTH

#1	<input type="checkbox"/>
#2	<input type="checkbox"/>
#3	<input type="checkbox"/>
#4	<input type="checkbox"/>

TYMPANOMETRY (226 Hz)

EAR	LEFT	RIGHT
EAR CANAL VOLUME CM ³	1.14	1.34
TYMP PEAK PRESSURE (DAPa)	-15	10
STATIC ADMITTANCE (MMH2O)	1.22	0.93
TYMP WIDTH (DAPa)	78	92



CONTRA	5k Hz	1k Hz	2k Hz	4k Hz	IPSI	5k Hz	1k Hz	2k Hz	4k Hz
RIGHT (AD) (phone ear)					AD (probe ear)				
LEFT (AS) (phone ear)					AS (probe ear)				

MIDDLE EAR ANALYZER

OTOACOUSTIC EMISSIONS (OAEs)

EMISSION TYPE USED	TEST TYPE PERFORMED
Transient	OAE Complete
<input checked="" type="checkbox"/> Distortion Product	<input checked="" type="checkbox"/> OAE Screen

OAE Results:

Right Ear Present: 1.5-3k Hz; Absent 4-6k Hz
Left Ear Absent: 1.5-6k Hz

OAE Unit:

HEARING INSTRUMENT INFORMATION

RIGHT INSTRUMENT: _____

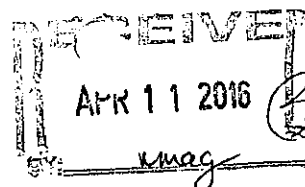
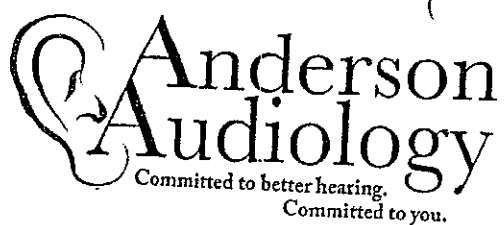
LEFT INSTRUMENT: _____

Otoscopy: semi-occluded AD, AS; cerumen removed from AD prior to all testing without incident

Audiologist: Schmucki Blatter, SLP

Assistant: _____

Audiometer: _____



Las Vegas Office
3120 S Rainbow Blvd
Ste 202
Las Vegas, NV 89146
p: 702.233.4327
f: 702.233.8837

Henderson Office
2642 W Horizon Ridge
Ste A11
Henderson, NV 89052
p: 702.933.9102
f: 702.933.9106

Allante/Centennial Office
6475 N Decatur Blvd
Ste 125
Las Vegas, NV 89131
p: 702.933.9103
f: 702.933.9104

Sun City/Summerlin Office
9430 W Lake Mead Blvd
Ste 11
Las Vegas, NV 89134
p: 702.527.6066
f: 702.527.6068

AudigyCertified™

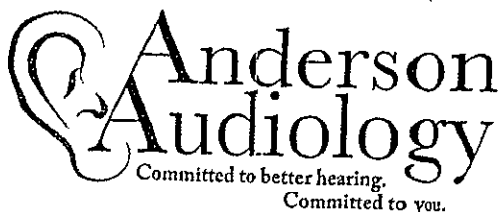
February 9, 2016

RE: Jared Spangler
DOB: 07/02/1979

To Whom It May Concern:

I had the pleasure of seeing the above mentioned patient at our office on February 5, 2016, for an audiologic evaluation. Mr. Spangler reported he has been working with the police department since 2003 and has noticed that his hearing has become progressively worse and now has cricket/locust sounds bilaterally, which sometime change in intensity. Mr. Spangler's last hearing test was in October 2015 as part of routine physical testing, conducted by Precision Hearing Conservation in association with the City of Henderson, the results of which, along with every test since the baseline, were provided to me by Mr. Spangler. These tests were used for OSHA comparisons regarding standard threshold shifts. Mr. Spangler reported that he was on active patrol for approximately 11 years, where he was exposed to sirens, gunfire during range qualifications, and a radio piece in his left ear, and then a lapel microphone on his left side. As a result of documented changes in Mr. Spangler's hearing in the left ear, he was sent for an MRI in 2006/7 to see if there was a "kink" in a canal that was inhibiting the sound transmission, the results of which were negative. Mr. Spangler denied any otorrhea, otalgia, or vertigo, but did report some previous noise exposure when he worked as a mechanic for two years in high school. He also reported a positive family history of hearing loss with his identical twin brother, who also works for the police department. Mr. Spangler reported he has great difficulty understanding others in noisy situations and women's and children's voices, which negatively impacts his communication with his family.

Please find enclosed a copy of the testing results. Otoscopy revealed a semi-occluded right ear and a clear left external auditory canal. The cerumen in the right ear was removed without incident prior to all testing. Tympanometry revealed normal, Type A, tracings bilaterally, suggesting normal middle ear function and tympanic membrane movement. Distortion product otoacoustic emissions in the right ear were present 1.5-3k Hz and absent 4-6k Hz, and for the left ear were absent 1.5-6k Hz. Standard pure tone testing revealed borderline normal hearing, 0.25-2k Hz, sloping to a moderate high frequency sensorineural hearing loss in the right ear, and a mild sloping to severe sensorineural hearing loss in the left ear with a notch present at 6k Hz. Word recognition scores in quiet were 100% and 72% for the right and left ears, respectively, at a normal presentation level in the right ear, but an elevated level in the left ear.



Las Vegas Office
3120 S Rainbow Blvd
Ste 202
Las Vegas, NV 89146
p: 702.233.4327
f: 702.233.8837

Henderson Office
2642 W Horizon Ridge
Ste A11
Henderson, NV 89052
p: 702.933.9102
f: 702.933.9106

Allante/Centennial Office
6475 N Decatur Blvd
Ste 125
Las Vegas, NV 89131
p: 702.933.9103
f: 702.933.9104

Sun City/Summerlin Office
9430 W Lake Mead Blvd
Ste 11
Las Vegas, NV 89134
p: 702.527.6066
f: 702.527.6068

AudigyCertified™

Utilizing the OSHA guidelines which define an STS, in either ear, as a change of 10 dB or more in the average thresholds at 2000 Hz, 3000 Hz, and 4000 Hz, the results are as follows:

Left Ear: a 30 dB difference, OSHA STS: Yes
Right Ear: a 26.7 dB difference, OSHA STS: Yes

Comparison is based on the audiometric data provided by Mr. Spangler from the City of Henderson baseline test conducted on 8/8/2003. An age factor was not utilized in the above comparison. Using the age correction comparison thresholds for a 36-year-old male to the baseline age of 24-years-old, the results are as follows:


Left Ear: a 26 dB difference, OSHA STS: Yes
Right Ear: a 22.7 dB difference, OSHA STS: Yes

Based on these results, Mr. Spangler's hearing loss does not prevent him from going back to work. The configuration of Mr. Spangler's hearing loss is not a consequence of the normal aging process for either ear and is suggestive of noise exposure.

The aforementioned results were discussed with Mr. Spangler, including that he is a candidate for binaural amplification and he expressed understanding. In conclusion, I would recommend binaural amplification upon medical clearance, continuation of annual hearing evaluations or sooner if changes in hearing or tinnitus are noted, and the use of hearing protection in noise.

I thank you for the opportunity to participate in the hearing health care of this patient. Please do not hesitate to contact me with any questions.

Sincerely,


Amanda Blake, Au. D.

022674751

09:51 m. 02-08-2016

1/1



Human Resources Department/Risk Management Division

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE

Employee's Name: Jared SpanglerEmployee Number: 016712Date of Injury: 8/25/03-CurrentDate of Current Visit: 2/5/16Is this a scheduled work day? ☐ Yes ☒ NoCURRENT WORK STATUS: ☒ Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS (to be completed by Treating Physician Only)

Diagnosis ICD9 Code (No Narrative): H83.3X3• Released to Full-Duty on 2/5/16 with use of hearing protection as needed• Released to Modified-Duty on 1/1/16 with the following restrictions (check all applicable):☐ No Reaching/Working above Shoulder☐ No Fine Manipulation, Release of Potentially Injurious Activities (Firefighters)☐ No Repetitive Motion to Injured Part:☐ No Combat Situations

Body Part: _____

☐ Medication May be used while Working☐ No Climbing: Ladders Stairs Steep Terrain☐ No Operating a Motor Vehicle or Machinery☐ No Lifting over: 5 lbs. 10 lbs. 20 lbs. 35 lbs. 50 lbs. # lbs.

Comments/Other: _____

Employee's restrictions are:

☐ Temporary☐ Permanent• Employee is OFF WORK (TTD) from / / to / /
(These dates should not start before this treatment date or extend past next appointment date.)Discharged? ☐ Yes ☒ No ^{Hearing loss is life-long} Medically Stable? ☐ Yes ☒ No ^{due to evidence of hearing from baseline} Rateable? ☐ Yes ☐ No ☒ TBDCondition: ☐ Same ☐ Improved ☒ Worsened - when compared to baseline dated 8/8/03Request Referral? ☒ Yes ☐ NoReferral For/To: ENT to rule out retrocochlear pathology due to significant change in hearing in the left earObjective Findings/Treatment/Prognosis: Sensorineural hearing loss bilaterally, worse in the left ear, with evidence of damage from noise exposure bilaterally. Recommended treatment is the use of bilateral amplification.

REHABILITATION (Physical Therapist / Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☐ No Employee Is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete

SIGNATURES (Provider, Employee, Supervisor)

TIME IN: 11:00 a TIME OUT: 12:00 pNEXT APPOINTMENT: Date TBD

Time

Physician or Clinician Signature

2/5/16

Physician or Clinician Print Name

Date

(702) 933-9102

Phone

Address 2642 W. Horizon Ridge Pkwy, Ste. A11City/State/ZIP Henderson, NV 89052

Employee Signature

Supervisor Signature

RECEIVED

FEB 8 2016

ORIGINAL: HR-Risk Management Division, MSC 137 (Fax. 702-267-1902)

PLEASE RETAIN A COPY: Department Employee Physician

City of Henderson
Risk Management Division

03 2016 13:53

HP LASER

FAX

p.6



ZODIAC 901 S/N 130403
 Headset S/N 282184
 Cal. Date: Jun-9-2015
 Program Version 4.08

Nevada Hearing & Balance Center

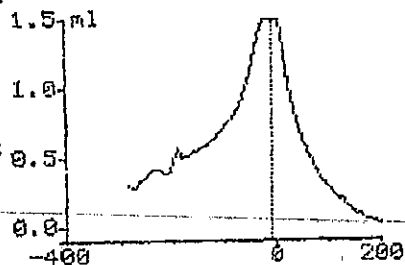
~~Source:~~ Jared Spunales
~~Patient:~~ Robert Throckmold AND.
 Patient Number: 0

Date: Mar-1-2016

Time: 02:29PM

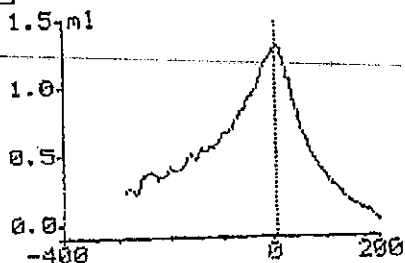
Temp: Sweep Left

ECU: 1.92 ml 1.5 ml
 MEP: -10 daP
 SC: 1.74 ml
 Grad: 0.46
 TW: 113 daP
 Speed: 400 dP/S
 Dir: Nes



Temp: Sweep Right

ECU: 2.01 ml 1.5 ml
 MEP: 5 daP
 SC: 1.34 ml
 Grad: 0.36
 TW: 157 daP
 Speed: 400 dP/S
 Dir: Nes



03 2016 13:53

HP LASERJET FAX

p.2

HEARING & BALANCE

DOCTORS OF NEVADA

March 2, 2016

RE: Jared Spangler

Claim Number: 16C52G555847

To Whom It May Concern:

The above mentioned patient has a history of bilateral sensorineural hearing loss and tinnitus that are reported to have begun after being exposed to loud noises while on the job with the Henderson City Police Department. Mr. Spangler's main concern is that he has difficulty hearing conversational speech particularly if in the presence of background noise. He reports being frustrated due to not hearing his wife and children and having to have them repeat themselves often. Mr. Spangler also reported having tinnitus which interferes with his ability to relax in quiet environments.

Medical records that were provided for review by CCMSI which included Mr. Spangler's annual hearing evaluations from the time that he was a new hire with the police dept in 2003 with the most recent in 2015. Also included were records from a medical evaluation by Dr. Scott Manthei, D.O. ENT in 2005. In February 2016 Mr. Spangler was evaluated by Amanda Blake, Au.D. with Anderson Audiology which records were also provided.

After reviewing the provided medical records it is apparent that Mr. Spangler did have a mild to moderate hearing loss in his left ear and normal to mild high frequency hearing loss in his right ear prior to his employment with the Henderson City Police dept. However, in the thirteen years that Mr. Spangler has been employed as a police officer, his hearing has significantly decreased bilaterally. Hearing decrease is considered significant if a change of 10dB or more occur at three or more hearing thresholds.

By way of medical records review there is a high likelihood that there is an underlying condition that may be contributing to Mr. Spangler's hearing loss in his left ear. Dr. Manthei identified a possible tumor located in the area of the left cochlear nerve. However, there is a high probability that Mr. Spangler's threshold shift may be as a result of on the job noise exposure.

An Independent audiology evaluation in February 2016 was also provided and reviewed. Amanda Blake, Au.D. an audiologist with Anderson Audiology also reviewed the above mentioned medical records of which I agree with her review with the exception of the MRI findings which she reported as negative. The MRI reports states that there is a possible lesion and that the recommendation of the radiologist is to re-image using a higher resolution MRI in order to confirm results.

03 2016 13:53

HP LASERJET FAX

P. 3

Today's results show type A tympanograms bilaterally, with Otoacoustic emissions being absent bilaterally. Pure tone hearing thresholds show a mild to moderately severe sensorineural hearing loss in the right ear and a moderate to moderately severe sensorineural hearing loss in the left.

It is my opinion that Mr. Spangler should be fit with hearing aids in order to minimize his struggles with communication. I recommend due to the diverse environments that Mr. Spangler is in daily, that he obtain the highest level of hearing aid technology currently available.

I am also recommending that Mr. Spangler schedule an appointment with a Neuro-Otologist who can evaluate the potential likelihood of a left sided cochlear pathology.

Thank you for this opportunity to participate in Mr. Spangler's hearing health care needs. If you have any questions or comments regarding the test results or recommendations, please feel free to contact our office at (702)896-0031.

Sincerely,


Roger Theobald Au.D.
Doctor of Audiology



Name: Spangler, Jared

SSN:

EID: xxxxx

DOB: 2 Jul 1979 (36 yrs)

Date: 10 Dec 2015

After Jared Spangler was assigned to work in potentially hazardous noise, City of Henderson obtained a baseline audiogram on 18 August 2008. As required, a hearing test was administered on 1 October 2015 to observe any changes in hearing sensitivity.

According to federal noise regulatory guidelines, the audiometer utilized for this hearing test was calibrated within the past year. An audiometric case history revealed routine exposures to high intensity noise. An otoscopic examination was administered.

Hearing Test Results

Left Ear: The speech frequency average, 500 to 3000 Hz, indicates a severe degree of hearing loss.
The high frequency average, 4000 to 8000 Hz, indicates a severe degree of hearing loss.

Right Ear: The speech frequency average, 500 to 3000 Hz, indicates a mild degree of hearing loss.
The high frequency average, 4000 to 8000 Hz, indicates a severe degree of hearing loss.

Audiometric Analysis

Left Ear: There has been a significant decrease in hearing sensitivity (Standard Threshold Shift).

Right Ear: There has been a significant decrease in hearing sensitivity (Standard Threshold Shift).

Recommendations

1. If this employee continues to be exposed to hazardous levels of noise, a required annual hearing test should be administered to monitor possible changes in hearing sensitivity.
2. Hearing protection devices (earplugs and/or muffs) should be refit and instructions provided on their proper use.
3. As a minimum, during mandatory annual training the required topics outlined in the appropriate federal noise standard should be discussed and updated each year.
4. When required, the routine and proper use of hearing protection devices should be enforced. Inspections for compliance should be scheduled and findings documented.
5. Within 30 days from the last hearing test, a follow-up hearing test should be administered. If necessary, earwax should be removed. The employee should be noise-free for no less than 14 hrs prior to the test. Until retested, the most current test should be utilized as the revised baseline and, if required, recorded with the appropriate federal agency.
6. Hearing test results indicate this employee should be referred to an audiologist for an advanced hearing examination.
7. Hearing test results indicate this employee should be referred to an ear, nose and throat physician (otolaryngologist) for a medical examination.

Dr. John Elmore

John Elmore, Au.D., M.B.A.
Board Certified Audiologist

Spangler, Jared
Employee

Date

(800) 357-5759

13071 Adobe Walls Drive • Helotes, Texas, 78023-5112 • (210) 695-4707 • Fax (210) 695-4705

E-mail: info@precision-hearing.com • Web site: www.precision-hearing.com

City of Henderson, Henderson, NV (10 December 2015)

Copyright © 2015 Precision Hearing Conservation



City of Henderson

Name: Jared Spangler
Sex: Male

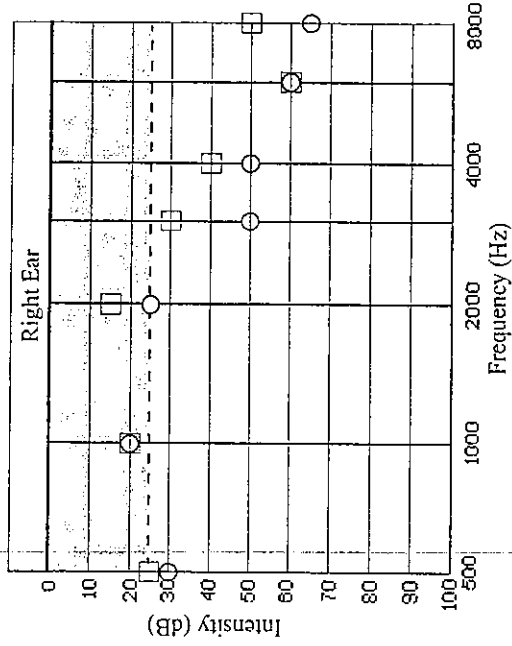
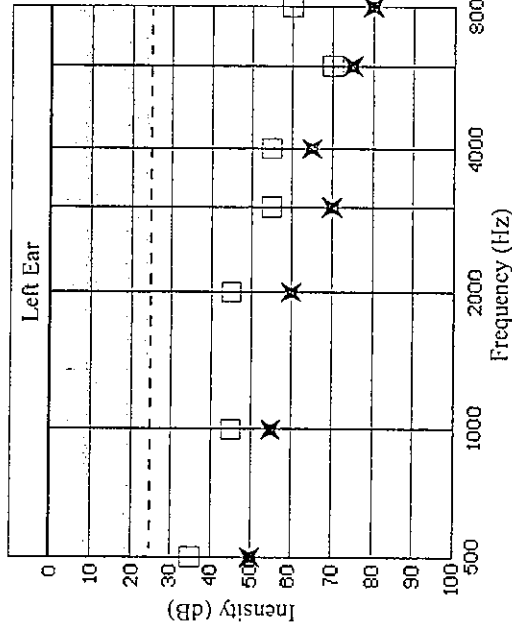
Noise Standard: OSHA
Age Adjustment: Yes

EID: xxxxxx
SSN:

Birth Date: 2 Jul 1979
Age: 36 yrs

Date: 10 Dec 2015
Language: English

Left Ear		Right Ear						Left Avg	Right Avg	Left	Right	Left Ear Results	Right Ear Results		
Date	Left	Right	500	1K	2K	3K	4K	6K	8K	2-3-4K	2-3-4K	STS	STS	2-3-4K	2-3-4K



Key

x Left o Right □ Baseline
Normal Hearing = 0-25 dB

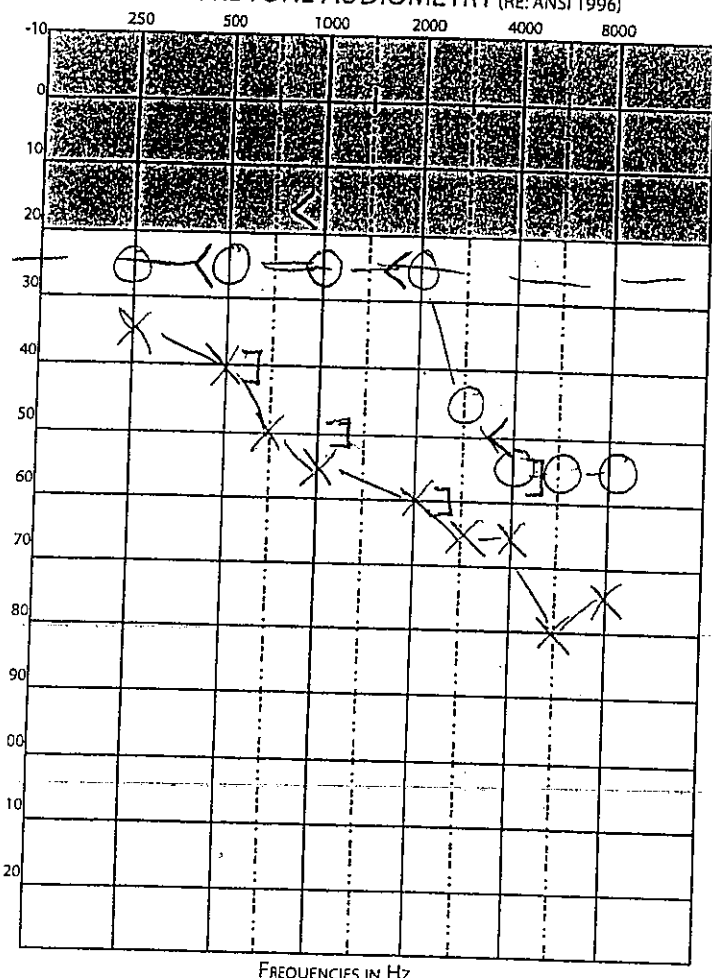
(800) 357-5759

13071 Adobe Walls Drive - Helotes, Texas, 78023 . Office (210) 695-4707 - Fax (210) 695-4705
Email: info@precision-hearing.com - Web site: www.precision-hearing.com

AUDIOGRAM

Audiology Certified

PURE TONE AUDIOMETRY (RE: ANSI 1996)

Practice: Anderson Audiology Location: HendersonName: Shared Spangler Date of Birth: 7/2/79

Referred By: _____

Test Interval: _____ Date of Test: 2/5/16

KEY:

LEFT	STIMULUS	RIGHT
<input checked="" type="checkbox"/>	AIR	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	AIR - MASK	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	BONE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	BONE - MASK	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	NO RESPONSE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	UCL	<input checked="" type="checkbox"/>
SOUND FIELD - S		
VIBRO-TACTILE - VT		
TINNITUS - T		

TEST TYPE

STANDARD CAE	<input checked="" type="checkbox"/>
PLAY	<input checked="" type="checkbox"/>
COR/VA	<input checked="" type="checkbox"/>
BOA	<input checked="" type="checkbox"/>

TRANSDU:

INSERT	<input checked="" type="checkbox"/>
CIRCUMAURA	<input checked="" type="checkbox"/>
SOUND FIELD	<input checked="" type="checkbox"/>

RELIABILITY

EXCELLENT	<input checked="" type="checkbox"/>
GOOD	<input checked="" type="checkbox"/>
FAIR	<input checked="" type="checkbox"/>
POOR	<input checked="" type="checkbox"/>

BOOTH

#1	<input checked="" type="checkbox"/>
#2	<input checked="" type="checkbox"/>
#3	<input checked="" type="checkbox"/>
#4	<input checked="" type="checkbox"/>

TYMPANOMETRY (226 Hz)

EAR	LEFT	RIGHT
EAR CANAL VOLUME cm ³	1.14	1.34
TYMP PEAK PRESSURE (DAPa)	-15	10
STATIC ADMITTANCE (mmH2O)	1.22	0.93
TYMP WIDTH (DAPa)	78	92



PT's COPY

SPEECH AUDIOMETRY

	PTA	SRT/ SAT	Speech Recognition	Speech Recognition	MCL	UCL
RIGHT (AD)	25	30	100% 65	% —	65	100
Masking						
LEFT (AS)	52	65	72% 90	% —	90	105
Masking						
MLV	<input checked="" type="checkbox"/>	CD/tape	W-22	WIPI	PBK	SPECIAL:
	<input checked="" type="checkbox"/>					SPECIAL:

TINNITUS EVALUATION

RIGHT	PT / NB	_____ kHz	_____ dBHL
LEFT	PT / NB	_____ kHz	_____ dBHL
BINAURAL	PT / NB	_____ kHz	_____ dBHL

HYPERACUSIS: YES / NO

CATEGORY: 0 1 2 3 4

History, Impressions, Recommendations: PT reported he has already had an MRI to look at the left ear.Rx: Binaural amplification, use of hearing protection in noise, annual audiometric testing to monitor hearingAudiologist: Robert R. Baker, M.D.

Assistant:

Audiologist:



City of Henderson

Name: Jared Spangler
Sex: Male

Noise Standard: OSHA
Age Adjustment: Yes

EID: xxxxxx
SSN:

Birth Date: 2 Jul 1979
Age: 36 yrs

Date: 10 Dec 2015
Language: English

Date	Left		Left Ear								Right Ear								Left Avg 2-3-4K	Right Avg 2-3-4K	Left STS	Right STS	Left Ear Results 2-3-4K	Right Ear Results 2-3-4K	
	A	B	500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K									
10-01-2015	A	A	50	55	60	70	65	75	80	65	30	20	25	50	50	60	65	65	41	10.6	10.6	STS	STS	STS	STS
08-11-2015	A	A	45	55	60	65	65	70	65	50	30	25	20	45	45	60	50	63	36	9.0	5.6	No Change	Better	Better	Better
07-31-2014	A	A	50	55	65	65	65	80	75	55	30	30	25	45	50	65	55	65	40	11.3	9.6	STS	STS	STS	STS
07-24-2013	A	A	40	50	55	65	60	65	60	65	35	25	20	40	45	80	65	60	35	6.3	4.6	No Change	No Change	Decrease	Decrease
08-06-2012	A	A	45	50	55	65	60	65	75	55	25	20	10	30	40	65	65	60	26	7.0	-3.0	Decrease	No Change	No Change	No Change
08-11-2011	A	A	40	50	50	60	60	65	55	55	25	25	15	30	40	55	55	56	28	3.6	-1.3	No Change	No Change	No Change	No Change
07-22-2010	A	A	45	45	50	60	55	75	65	55	30	25	15	30	40	60	50	55	28	2.6	-0.6	No Change	No Change	No Change	No Change
07-24-2009	A	A	45	50	50	65	55	60	55	55	25	20	15	30	40	50	50	56	28	4.6	-0.3	Decrease	No Change	No Change	No Change
08-18-2008	BA	BA	35	45	45	55	55	70	60	55	25	20	15	30	40	60	50	51	28	17.0	12.0	STS	STS	STS	STS
08-13-2007	A	A	40	50	55	65	60	80	70	55	25	25	15	30	30	55	55	60	25	25.3	8.6	STS	STS	No Change	No Change
08-24-2006	A	A	45	50	55	60	55	70	70	55	25	20	10	25	35	50	45	56	23	22.3	7.3	STS	STS	Decrease	Decrease
07-14-2005	A	A	40	45	45	50	55	55	65	55	20	15	5	10	20	45	40	50	11	16.0	-4.0	STS	STS	No Change	No Change
07-29-2004	A	A	30	40	40	40	60	70	55	55	20	20	10	15	5	55	40	46	10	13.0	-5.3	STS	Baseline	Much Better	Baseline
08-08-2003	B	B	30	35	30	30	40	50	50	50	25	20	10	15	20	20	30	33	15	-	-	-	-	-	-

Key

A - Annual
B - Baseline
R - Recordable
T - Retest
E - Exit

Audiometric Analysis

Standard Threshold Shift - Without Age Correction:		Left Ear		Right Ear	
Standard Threshold Shift - With Age Correction:		13.4 - Yes - 10-1-2015		13.3 - Yes - 10-1-2015	
Possible OSHA Recordable Hearing Loss:		10.6 - Yes - 10-1-2015		10.6 - Yes - 10-1-2015	
		27.6 - Yes - 10-1-2015		22.6 - Yes - 10-1-2015	

(800) 357-5759



City of Henderson

240 Water Street
Henderson, Nevada 89015

COPY

Firefighters and Police
Officers
Hearing Examination
Form

Name (Last, First, Middle) SPANGLER, JARED, FLOYD	Sex M	Date of Examination 7/25/03
Address 4130 ARTIST CT.	Age 24	Date of Birth 7/2/79
Organization/Employer H.P.O.	Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	15	20	20	30

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000
30	35	30	30	40	50	50

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

Recommendations

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Remarks

Audiometer GRASON-STADLER	Serial Number 5236	Calibration Date 4-22-02 2003
Tester's Name Cynthia Kirkpatrick	Tester's Signature <i>[Signature]</i>	Test Date and Time 8.8.03

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature <i>[Signature]</i>	Date 8.8.03
--	-----------------------

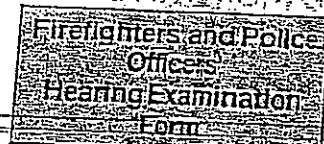


City of Henderson

COPY

240 Water Street

Henderson, Nevada 89015



Name (Last, First, Middle) SPANGLER, JARED FLOYD		Sex M	Date of Examination 7/22/04
Address 4130 ARTIST CT, LV, NV, 89115		Age 25	Date of Birth 7/2/79
Organization/Employer H PD		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear							Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Calibration Date **04/14/05**
 Calibration Due Date **04/14/05**
 Test :057 Date **07/29/04** Time **07:58**
 SS# **000000000** Job ID: **000000000**

Patient **Spangler, Jared**

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Normal Appearance	
Excessive Wax or Debris	
Abnormal Appearance	

Recommendations

Frequency	Left	Right
1000 Hz	30	15
500 Hz	40	20
1000 Hz	40	20
1000 Hz	40	10
1000 Hz	40	15
1000 Hz	60	05
1000 Hz	70	55
1000 Hz	55	40

Audiometer	Serial Number	Calibration Date
Tester's Name K. P. DHC	Tester's Signature <i>[Signature]</i>	Test Date and Time

Please sign one copy of this form as acknowledgement of receipt from your employer.

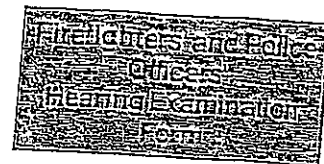
Employee's Signature <i>[Signature]</i>	Date 7-22-04
--	------------------------



City of Henderson

240 Water Street
Henderson, Nevada 89015

COPY



Name (Last, First, Middle) SPANGLER, JARED F.		Sex Male	Date of Examination 7/6/05
Address 3550 TUMRA SWAN ST.		Age 26	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Wax or Debris
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Appearance

Recommendations

<input checked="" type="checkbox"/>	Medical
<input type="checkbox"/>	Retest
<input type="checkbox"/>	Recommend
<input type="checkbox"/>	Complete Audiogram

Calibration Date 04/07/05
Calibration Due Date 04/07/06
Test 1071 Date 07/14/05 Time 06:54
SS# 0000000000 Job ID: 1056

Patient: **Spangler, Jared**

Frequency	Left	Right
1000 Validity		
500 Hz	40	15
1000 Hz	45	20
2000 Hz	45	15
3000 Hz	50	05
4000 Hz	55	10
6000 Hz	55	20
8000 Hz	65	45

Audiometer		Serial No.	
Tester's Name Cynthia K...	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature [Signature]	Date 7/14/05
--	------------------------



City of Henderson **COPY**
 240 Water Street
 Henderson, Nevada 89015

**Firefighters and Police
 Officers
 Hearing Examination
 Form**

Name (Last, First, Middle) SPANGLER, JARED E.	Sex M	Date of Examination 8/17/06
Address 3550 TUNDRA SWAN	Age 27	Date of Birth 7/2/79
Organization/Employer CITY OF HENDERSON	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear							Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Calibration Due Date 04/05/07
 Test : 025 Date 08/17/06 Time 07:21
 SS# 00000000 Job ID: AA=3

Patient **Jared Spangler**

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal
Appearance

Excessive Wax
or Debris

Abnormal
Appearance

Recd

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	60	25
4000 Hz	55	35
5000 Hz	70	50
6000 Hz	70	45

Examiner

24
Lt
Both
Color WNL

3
20/20
20/20
20/20

PV
790
790

Audiometer	Serial Number	Calibration Date
Tester's Name Kirkpatrick	Title Phy. Coal.	Tester's Signature
Test Date and Time 8-17-06		

Please sign one copy of this form as acknowledgement of receipt from your employer.

Employee's Signature 	Date 8/24/06
--------------------------	------------------------



City of Henderson
240 Water Street, Box 95050
Henderson, NV 89009-5050

PAGE 0000122

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED E.		Sex m	Date of Examination 8/13/07
Address 3556 TUNDRA SWAN ST, LV, NV, 89120		Age 28	Date of Birth 7/2/79
Personal Physician's Name DR. KILPATRICK		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

Remarks

Calibration date 04/05/06 by: m s r
Calibration Due Date 04/05/07
Test : 193 Date 08/13/07 Time 07:00
000000000 Job ID: AASE
Patient: **Jared Spangler**

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Frequency	Left	Right
1000 Validity		25
500 Hz	40	25
1000 Hz	50	25
2000 Hz	55	15
3000 Hz	65	30
4000 Hz	60	30
6000 Hz	60	55
8000 Hz	70	55

Examiner: _____

Audiometer

Tester's Name

Title

Tester's Signature

Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date



City of Henderson
240 Water St. P.O. Box 95050
Henderson, NV 89009-5050

PAGE 0000123

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.	Sex m	Date of Examination 8/4/08
Address 3550 TUNDRA SWAN ST.	Age 29	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

Calibration Date 11/19/07 by:msr
Calibration Due Date 11/18/08
ASP:189 Date 08/04/08 Time 08:41
SP:00000000 Job ID:Aa=g

Patient Jared Spangler

Frequency	Left	Right
1000 Hz Validity		25
500 Hz	35	25
1000 Hz	45	20
2000 Hz	45	15
3000 Hz	55	30
4000 Hz	55	40
5000 Hz	70	60
6000 Hz	60	50

POSTED
IPA

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Examiner _____

Audiometer	Serial Number	Calibration Date
Tester's Name <u>Keith K. Galt</u>	Tester's Signature <u>[Signature]</u>	Test Date and Time <u>8/4/08</u>

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <u>[Signature]</u>	Date <u>8/18/08</u>
--	------------------------



City of Henderson
240 Water Street, Box 95050
Henderson, NV 89009-5050

PAGE 0000124

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.		Sex M	Date of Examination
Address 3550 TUNDRA SWAN, LV, NV, 89122		Age 30	Date of Birth 7/2/79
Personal Physician's Name		Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Subject Information:	
SN	
Status	Active
In Program	Yes
Language	English

500	1
	8000

Average of 2K, 3K,
and 4K Results:

At

Most Recent Test:		
Date	Time	
7/24/2009	9:22:51	
	Left	Right
500	45	25
1K	50	20
2K	50	15
3K	65	30
4K	55	40
6K	60	50
8K	45	50

Otoscopic Examination

Right	Left

Normal Appearance
Excessive Wax or Debris
Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Baseline:
No Baseline

Current Analysis:

	Left	Right
HLA STS		
Age Corrected	No	No
Possible		
Rec Shift	No	No
5.1,2,3K Avg	52	22
2,3,4K Avg	56	28
AAO - 1970		9%

Audiometer		Serial Number
Tester's Name Cyrt 1824	Title Phy Con	Tester's Sign

Please sign one copy of this form and submit it to

Employee's Signature

[Signature]

Date

7/24/09

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED	Sex M	Date of Examination 7/22/10
Address 3550 TUNDRA SWAN ST.	Age 31	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency		
500	1000	2000

Subject's Name

Subject's Age

Recent Test

Average of 2K, 3K,
and 4K Results:Average of
and 4K

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

- ☐ Medical Referral
- ☐ Retest Recommended
- ☐ Complete Audiogram

Audiometer

Serial Number

Tester's Name

Title

Tester's Signature

Please sign one copy of this form and submit it to your employer

Employee's Signature

Date

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED F.	Sex M	Date of Examination 8/17/11
Address 3550 TUNDRA SWAN ST.	Age 32	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Jared 8/11/2011
CITY OF HENDERSON

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

F	
500	1000

Subject Information:

SSN
Status: Active
In Program: Yes
Language: English

8000

Average of 2K, 3K,
and 4K Results:

Ave

Most Recent Test:

Date: 8/11/2011 Time: 9:08:33

	Left	Right
500	40	25
1K	50	25
2K	50	15
3K	60	30
4K	60	40
6K	65	55
8K	55	55

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

Examiner:

Model: Next

Serial: 25654

Cal: 4/19/2011

ANSI S3.6-1989

Baseline:

No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	50	23
2,3,4K Avg:	56	28
AAO - 1979:		6%

RECOMMENDATIONS

☐
☐
☐

Medical Referral

Retest Recommended

Complete Audiogram

Audiometer	Serial Number
Tester's Name <i>[Signature]</i>	Title <i>[Signature]</i>
Tester's Signature	

Please sign one copy of this form and submit it to you

Employee's Signature <i>[Signature]</i>
--

Examiner: *[Signature]* DateSubject: *[Signature]* Date

Subject Test

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) SPANGLER, JARED	Sex M	Date of Examination 8/6/12
Address 3550 TUNRA SWAN ST.	Age 33	Date of Birth 7/2/79
Personal Physician's Name	Occupation POLICE OFFICER	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000
25	20	10	30	40	65	65

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000
45	50	55	65	60	65	75

Average of 2K, 3K,
and 4K Results:

58.3

Average of 2K, 3K,
and 4K Results:

26.4

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Remarks

Calibration Date 02/23/12 by: audmed

Calibration Due Date 02/22/13

Test :000 Date 08/13/12 Time 14:10

SS# 0000000000 Job ID: >920

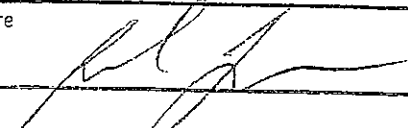
Patient: **423513**

Frequency	Left	Right
1000 Validity		20
500 Hz	45	25
1000 Hz	50	20
2000 Hz	55	10
3000 Hz	65	30
4000 Hz	60	40
6000 Hz	65	65
8000 Hz	75	65

Examiner: _____

Audiometer AMBCO	Serial Number 6390	Calibration Date 8/13/12
Tester's Name Alex Moreno	Title MIA	Tester's Signature Alex
		Test Date and Time 8/13/12

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature 	Date 8/6/12
---	-----------------------

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) Spangler, Jared	Sex M	Date of Examination 7-29-13
Address 3950 Tundra Swan Las Vegas, NV 89122	Age 34	Date of Birth 7-2-79
Personal Physician's Name N/A	Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

F	
500	10

Most Recent Test:

Date: 7/24/2013 Time: 7:08:44

	Left	Right
500	40	35
1K	50	25
2K	55	20
3K	65	40
4K	60	45
6K	65	80
8K	60	65

Average of 2K, 3K,
and 4K Results:

Avg

Otososcopic Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Examiner:

Model:

Serial:

Cal:

Next
25654
4/12/2013
ANSI S3.6-1989

Baseline:

No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	52	30
2,3,4K Avg:	60	35
AAO - 1979:		13%

Examiner

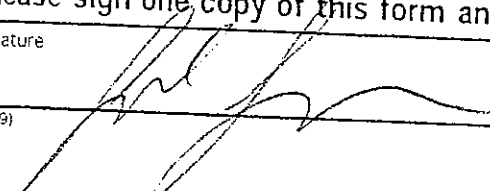
Date

Subject

Date

Audiometer		Serial Number	
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature	Date
	7-29-13

COPY

Firemen And
Police Officer's
Hearing
Examination Form

Name (Last, First, Middle) Spangler, Jared		Sex M	Date of Examination 8.7.14
Address 3550 Tundra Swan Las Vegas, NV 89122		Age 35	Date of Birth 7.2.79
Personal Physician's Name		Occupation P.O.	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency	
500	1000

Average of 2K, 3K,
and 4K Results:
Average
and

Most Recent Test:

Date: 7/31/2014 Time: 7:29:39

	Left	Right
500	50	30
1K	55	30
2K	65	25
3K	65	45
4K	65	50
6K	80	65
8K	75	55

Otososcopic Examination

Right	Left
/	/

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

"Has continued
Audiology Care."
RECOMMENDATIONS
has continue
Audiology care

Medical Referral

Retest Recommended

Complete Audiogram

Examiner:

Model: Next
Serial: 25654
Cal: 4/9/2014
ANSI S3.6-1989

Baseline:

No Baseline

Current Analysis:

	Left	Right
OSHA STS		
(Age Corrected):	No	No
Possible		
Rec Shift	No	No
.5,1,2,3K Avg:	58	32
2,3,4K Avg:	65	40
AAO - 1979:		17%

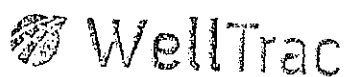
Examiner Date

Subject Date

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature	Date
<i>[Signature]</i>	8.7.14 37



**CITY OF HENDERSON HEARING CONSERVATION PROGRAM
2015
RETEST**

Date: 10-1-2015

Name: **Spangler, Jared F.**

~~Base Line Year 2003 Results *~~
(* If first visit N/A)

~~2015 ReTest Results~~

	Right Ear	Left Ear	Right Ear	Left Ear
KHZ 2	<u>10</u>	<u>30</u>	<u>25</u>	<u>60</u>
KHZ 3	<u>15</u>	<u>30</u>	<u>50</u>	<u>70</u>
KHZ 4	<u>20</u>	<u>40</u>	<u>50</u>	<u>65</u>
AVERAGE	<u>15</u>	<u>33.3</u>	<u>41.6</u>	<u>65</u>
(Add KHZ 2, 3 and 4 – divide the total by 3)				

Employee's Name: **Spangler, Jared F.**

Social Security # or Employee ID #: 16712

Type of Test	<input type="checkbox"/> Baseline	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Retest	<input type="checkbox"/> Exit	<input type="checkbox"/> OSHA	<input type="checkbox"/> MSHA	<input type="checkbox"/> FRA	<input type="checkbox"/> Other
---------------------	-----------------------------------	---------------------------------	--	-------------------------------	-------------------------------	-------------------------------	------------------------------	--------------------------------

Employee's Noise Exposure Level	dB(A)	Audiometer Serial #	010303000488
---------------------------------	-------	---------------------	--------------

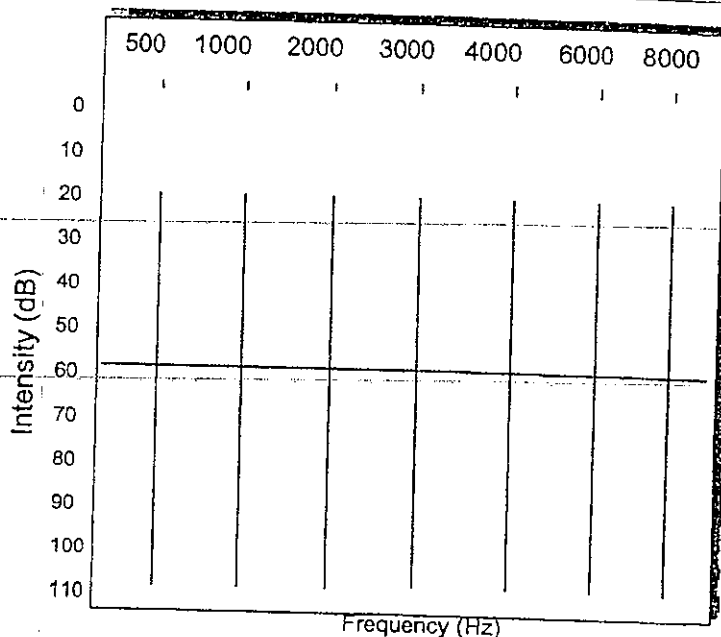
Audiometer Calibration (month/day/year)	01/22/2015	Baseline Right (month/day/year)	2003
---	------------	---------------------------------	------

Today's Date (month/day/year)	10-1-2015	Test Environment Certification (month/day/year)	01/22/2015	Baseline Left (month/day/year)	2003
-------------------------------	-----------	---	------------	--------------------------------	------

	.5K	1K	2K	3K	4K	6K	8K
Right	30	20	25	50	50	60	65
Left	50	55	60	70	65	75	80

Key		
Right	Red	O
Left	Blue	X

Comments _____



► I have been counseled about my hearing test results. Signature [Signature] Date 10/1/15

Staple Microprocessor Results Here	Test Results			Staple Microprocessor Results Here
	Hz	Left	Right	
	500	50a	30a	
	1000	55a	20m	
	2000	60a	25a	
	3000	70a	50a	
	4000	65a	50a	
	6000	75a	60a	
8000	80a	65a		

Examiner's First Name <u>Debbi</u>	Examiner's Last Name <u>Baburn</u>	CAOHC Certification #
---------------------------------------	---------------------------------------	-----------------------

► Examiner's Signature [Signature] Date 10-1-2015



March 15, 2016

Jared Spangler
3550 Tundra Swan
Las Vegas, NV 89122

RE: Claim Number : 16C52G555847
Date of Injury : 01/14/2016
Insurer : City of Henderson

Dear Mr. Spangler:

CCMSI is in receipt of your claim filed for the above date of injury. After a thorough review of all the information submitted, it cannot be determined whether or not an actual noise exposure occurred. Based on the information provided, it is the decision of CCMSI to deny your claim. This denial is also based on the fact that the information supplied does not clearly establish that your disability arose in the course and scope of your employment, as specified in Nevada Revised Statute 616C.150 or 617.440. Additionally, this claim does not qualify for coverage under Chapter 617 of the Nevada Revised Statutes.

Please be aware that, although your claim is being denied, the bills related to your appointment with Dr. Theobald only will be covered as a courtesy.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Riccio".

Susan Riccio
Claims Representative

enc: NRS 616C.150, 617.440
"Request for Hearing" form

cc: City of Henderson,
File

FILED
MAY 10 2016
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

JARED SPANGLER,

Claimant.

Claim No: 15C52G555847

Appeal No: 1524756-GB

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: JUNE 20, 2016,
TIME: 1:00PM 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 10th day of May, 2016.

Georganne W. Bradley
GEORGANNE W BRADLEY, 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:

JARED SPANGLER
3550 TUNDRA SWAN ST
LAS VEGAS NV 89122-3501

THADDEUS J YUREK III ESQ
GREEMAN GOLDBERG RABY & MARTINEZ
601 S 9TH ST
LAS VEGAS NV 89101

CITY OF HENDERSON
ATTN ROBERT OSIP
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

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 10th day of May, 2016.

Patti Fox
Patti Fox, Legal Secretary II
Employee of the State of Nevada

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION

FILED -2 MAY 10 34

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1523393-MTE
Claim Number: 15C52055847
FILED

JARED SPANGLER
3550 TUNDRA SWAN ST
LAS VEGAS, NV 89122

ATTN ROBERT OSIP
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

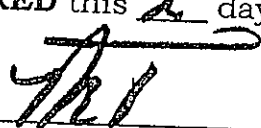
The Claimant's Request for Hearing was filed on March 28, 2016 and scheduled for May 11, 2016. The requesting party appealed the Insurer's determination dated March 15, 2016. The hearing was scheduled for May 11, 2016.

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 2nd day of May, 2016.


Megan Trenkler
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 09 2016

Spellic
1524756 - GR

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:

JARED SPANGLER
3550 TUNDRA SWAN ~~ST~~
LAS VEGAS NV 89122

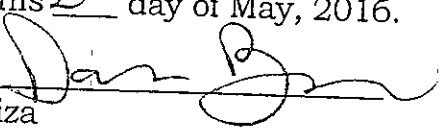
THADDEUS J YUREK III ESQ
GREEMAN GOLDBERG RABY & MARTINEZ
601 S 9TH ST
LAS VEGAS NV 89101

ATTN ROBERT OSIP
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

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 2nd day of May, 2016.


Dan Baiza

Employee of the State of Nevada

Nev Department of Administration Hearings
 2200 S. Rancho Dr. #210
 Las Vegas, NV 89102
 (702) 486-2525

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	Jared Spangler
Address:	3550 Tundra Swan
	Las Vegas, NV 89122
Telephone:	

EMPLOYER INFORMATION

Claim number:	16C52G555847
Employer:	City of Henderson
Address:	240 Water Street
	Henderson, NV 89015
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: March 15, 2016

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
 PER NRS 616C.315 2(a)(b)**

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with Insurer's March 15, 2016 letter denying claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Thaddeus J. Yurek III, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

Signature 

INSURANCE COMPANY:

Name:	CCMSI
Address:	P.O. Box 35350
	Las Vegas, NV 89133-5350
Telephone:	(866) 889-4755

Date March 28, 2016

SCHEDULED ON
APR 01 2016

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.

1523393-117



March 15, 2016

Jared Spangler
3550 Tundra Swan
Las Vegas, NV 89122

RE: Claim Number : 16C52G555847
Date of Injury : 01/14/2016
Insurer : City of Henderson

Dear Mr. Spangler:

CCMSI is in receipt of your claim filed for the above date of injury. After a thorough review of all the information submitted, it cannot be determined whether or not an actual noise exposure occurred. Based on the information provided, it is the decision of CCMSI to deny your claim. This denial is also based on the fact that the information supplied does not clearly establish that your disability arose in the course and scope of your employment, as specified in Nevada Revised Statute 616C.150 or 617.440. Additionally, this claim does not qualify for coverage under Chapter 617 of the Nevada Revised Statutes.

Please be aware that, although your claim is being denied, the bills related to your appointment with Dr. Theobald only will be covered as a courtesy.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

Susan Riccio
Claims Representative

enc: NRS 616C.150, 617.440
"Request for Hearing" form

cc: City of Henderson,
File

FILED**MAY 10 2016****APPEALS OFFICE**BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 15C52G555847

Appeal No: 1524756-GB

JARED SPANGLER,

Claimant.

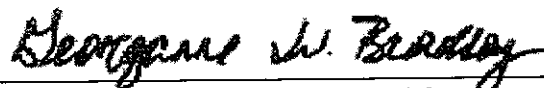
NOTICE OF APPEAL AND ORDER TO APPEAR

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: JUNE 20, 2016,**TIME:** 1:00PM 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 10th day of May, 2016.



GEORGANNE W BRADLEY, 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:

JARED SPANGLER
3550 TUNDRA SWAN ST
LAS VEGAS NV 89122-3501

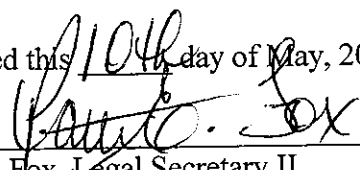
THADDEUS J YUREK III ESQ
GREEMAN GOLDBERG RABY & MARTINEZ
601 S 9TH ST
LAS VEGAS NV 89101

CITY OF HENDERSON
ATTN ROBERT OSIP
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

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 10th day of May, 2016.



Patti Fox, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

STATE OF NEVADA
 DEPT OF ADMINISTRATION
 HEARINGS DIVISION

MAY -2 AM 10:34

In the matter of the Contested
 Industrial Insurance Claim of:

Hearing Number: 1523393-1
 Claim Number: 15C52055847

FILED

JARED SPANGLER
 3550 TUNDRA SWAN **ST**
 LAS VEGAS, NV 89122

ATTN ROBERT OSIP
 CITY OF HENDERSON
 240 S WATER ST MSC 122
 HENDERSON, NV 89015-7227

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on March 28, 2016 and scheduled for May 11, 2016. The requesting party appealed the Insurer's determination dated March 15, 2016. The hearing was scheduled for May 11, 2016.

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 2nd day of May, 2016.



 Megan Trenkler
 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 09 2016

6/20/16
 1524756 - GB

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:

JARED SPANGLER
3550 TUNDRA SWAN **ST**
LAS VEGAS NV 89122

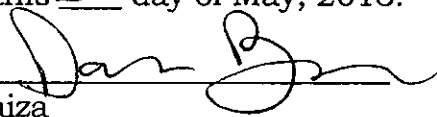
THADDEUS J YUREK III ESQ
GREEMAN GOLDBERG RABY & MARTINEZ
601 S 9TH ST
LAS VEGAS NV 89101

ATTN ROBERT OSIP
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

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 2nd day of May, 2016.



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:

Hearing Number: 1523393-MT
Claim Number: 15C52G555847

JARED SPANGLER
3550 TUNDRA SWAN
LAS VEGAS, NV 89122

ATTN ROBERT OSIP
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

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 11, 2016
TIME: 2:30PM
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 4th day of April, 2016.

Megan Trenkler
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:

JARED SPANGLER
3550 TUNDRA SWAN
LAS VEGAS NV 89122

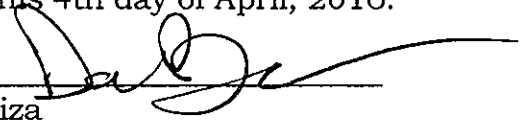
THADDEUS J YUREK III ESQ
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LAS VEGAS NV 89101

ATTN ROBERT OSIP
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

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 4th day of April, 2016.



Dan Baiza
Employee of the State of Nevada

Nevada Department of Administration Hearing Division
 2200 S. Rancho Dr. #210
 Las Vegas, NV 89102
 (702) 486-2525

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	Jared Spangler
Address:	3550 Tundra Swan
	Las Vegas, NV 89122
Telephone:	

EMPLOYER INFORMATION

Claim number:	16C52G555847
Employer:	City of Henderson
Address:	240 Water Street
	Henderson, NV 89015
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: March 15, 2016

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
 PER NRS 616C.315 2(a)(b)**

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with Insurer's March 15, 2016 letter denying claim.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Thaddeus J. Yurek III, Esq.
Address:	601 S. Ninth St.
	Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:

Name:	CCMSI
Address:	P.O. Box 35350
	Las Vegas, NV 89133-5350
Telephone:	(866) 889-4755

Signature 

Date March 28, 2016

SCHEDULED ON
APR 01 2016

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.

1523393-JT



March 15, 2016

Jared Spangler
3550 Tundra Swan
Las Vegas, NV 89122

RE: Claim Number : 16C52G555847
Date of Injury : 01/14/2016
Insurer : City of Henderson

Dear Mr. Spangler:

CCMSI is in receipt of your claim filed for the above date of injury. After a thorough review of all the information submitted, it cannot be determined whether or not an actual noise exposure occurred. Based on the information provided, it is the decision of CCMSI to deny your claim. This denial is also based on the fact that the information supplied does not clearly establish that your disability arose in the course and scope of your employment, as specified in Nevada Revised Statute 616C.150 or 617.440. Additionally, this claim does not qualify for coverage under Chapter 617 of the Nevada Revised Statutes.

Please be aware that, although your claim is being denied, the bills related to your appointment with Dr. Theobald only will be covered as a courtesy.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

Susan Riccio
Claims Representative

enc: NRS 616C.150, 617.440
"Request for Hearing" form

cc: City of Henderson,
File