### 1 IN THE SUPREME COURT OF THE STATE OF NEVADA 2 3 CITY OF HENDERSON, CANNON **COCHRAN MANAGEMENT** SUPREME COURFICOUNCILL Filed Mar 13 2019 09:15 a.m. SERVICES. 76295 Elizabeth A. Brown 5 INC. (CCMSI), DISTRICT COURT NO: Clerk of Supreme Court 6 Appellants, A-17-759871-J 7 8 JARED SPANGLER, 9 Respondent. 10 APPELLANTS' APPENDIX VOLUME 1 11 DANIEL L. SCHWARTZ, ESQ. 12 LISA ANDERSON, ESO. JOEL P. REEVES, ESO. GREENMAN, GOLDBERG, RABY 13 LEWIS BRISBOIS BISGAARD & & MARTINEZ SMITH LLP 14 601 South Ninth Street 2300 W. Sahara Avenue, Suite 300, Box 28 Las Vegas, NV 89101 15 Las Vegas, Nevada 89102-4375 Attorney for Respondent Attorneys for Appellants Jared Spangler 16 City of Henderson and Cannon Cochran 17 Management Services, Inc. 18 19 20 21 22 23 24 25 26 27

LEWIS 8
BRISBOIS
BISGAARD
& SMITH LIP
ATTORNEYS ALLAW

4827-5639-7706.1 4824-3873-0605.2 26990-1176

## INDEX TO APPELLANTS' APPENDIX1

2			
3	PLEADING, MOTION, ORDER,	VOLUME	PAGE NUMBER
4	TRANSCRIPT, EXHIBIT		
	TRANSMITTAL OF RECORD ON APPEAL	1	1
5	RECORD ON APPEAL IN		1-11-11-1
6	ACCORDANCE WITH THE	1	2
	NEVADA ADMINISTRATIVE		
7	PROCEDURE ACT		
8	DECISION AND ORDER OF APPEALS	1	
•	OFFICER BRADLEY FILED JULY 20,	1	3-11
9	2017		
10	CORRESPONDENCE (DECISION	1	10
11	LETTER) FROM DANIEL	1	12
11	SCHWARTZ, ESQ TO APPEALS		
12	OFFICER BRADLEY FILED JUNE 21,		
13	2017		
	CLAIMANT'S APPEAL	1	13-20
14	MEMORANDUM FILED APRIL 20,	•	15-20
15	2017		
	NOTICE OF RESETTING FILED		21-22
16	FEBRUARY 22, 2017	_	21 22
17	CLAIMANT'S SUPPLEMENTAL	1	23-29
18	EVIDENCE PACKAGE (MARKED		
10	CLAIMANT'S EXHIBIT 2) FILED		
19	DECEMEBER 29, 2016		
20	ORDER SETTING HEARING	1	30-31
	READINESS STATUS REPORT FILED		
21	OCTOBER 13, 2016		
22	EMPLOYER'S INDEX OF	1	32-80
	DOCUMENTS (MARKED		
23	EMPLOYER'S EXHIBIT A) FILED		
24	JUNE 15, 2016		
25			
43			

<sup>&</sup>lt;sup>1</sup> Note: This Appendix contains the Record on Appeal exactly as it appeared in District Court. District Court documents are included after the formal Record on Appeal at Volume 2



1	EMPLOYER'S APPEAL	1	81-90
2	MEMORANDUM FILED JUNE 15,		
	2016		
3	CLAIMANT'S EVIDENCE PACKAGE	1	91-138
4	(MARKED CLAIMANT'S EXHIBIT		
5	1) FILED JUNE 13, 2016		
3	NOTICE OF APPEAL AND ORDER TO	1	139-146
6	APPEAR FILED MAY 10, 2016		
7	PETITION FOR JUDICIAL REVIEW	2	147-158
	FILED ON AUGUST 14, 2017		
8	PETITIONER'S OPENING BRIEF	2	159-176
9	FILES ON OCTOBER 20, 2017 PESPONDENT'S ANSWERING PRICE		155 100
10	RESPONDENT'S ANSWERING BRIEF	2	177-193
10	COURT MINUTES FROM MAY 7, 2018	2	194
11	COURT MINUTES FROM MAY 16, 2018	2	195-196
12	ORDER GRANTING PETITION FOR	2	107 200
	JUDICIAL REVIEW FILED ON JUNE	2	197-200
13	18, 2018		
14	NOTICE OF ENTRY OF ORDER	2	201-207
	FILED ON JUNE 19, 2018	~	201 207
15	NOTICE OF APPEAL FILED ON JULY	2	208-219
16	2, 2018		
17	RESPONDENTS' MOTION FOR STAY	2	220-237
	PENDING SUPREME COURT		
18	APPEAL AND MOTION FOR ORDER		
19	SHORTENING TIME FILED ON JULY		
20	10, 2018		
20	OPPOSITION TO MOTION FOR STAY	2	238-253
21	PENDING SUPREME COURT		
22	APPEAL FILED ON JULY 13, 2018		
42	COURT MINUTES FROM JULY 16,	2	254
23	OPDED CRANTING MOTION FOR		
24	ORDER GRANTING MOTION FOR	2	255-256
	STAY FILED ON AUGUST 20, 2018 NOTICE OF ENTRY OF ORDER	2	267.261
25	FILED ON AUGUST 21, 2018	2	257-261
26	111111111111111111111111111111111111111	- Vo W.   C.   C.   C.   C.   C.   C.   C.	



## 1 **CERTIFICATE OF MAILING** 2 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the \_\_\_\_ day of March 2019, service of the attached APPELLANTS' 3 APPENDIX VOLUME 1 was made this date by depositing a true copy of the 4 same for mailing, first class mail, and/or electronic service as follows: 5 6 Lisa Anderson, Esq. GREENMAN, GOLDBERG, RABY & MARTINEZ 601 South Ninth Street Las Vegas, NV 89101 10 City of Henderson 11 Attn: Sally Ihmels P.O. Box 95050, MSC 127 12 Henderson, NV 89009-5050 13 **CCMSI** 14 Sue Riccio P.O. Box 35350 Las Vegas, NV 89133 16 **17** An employee of LEWIS, BRISBOIS, 18 BISGAARD & SMITH, LLP 19 20 21 22 23 24 25 26 27

menically Filed AGE 00001

Steven D. Grierson CLERK OF THE COURT

1 2

3

5

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

**TRNS** APPEALS OFFICE

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

DISTRICT COURT

CLARK COUNTY, NEVADA

6 JARED SPANGLER, 7

Petitioner,

VS. CITY OF HENDERSON, CANNON COCHRAN)

MANAGEMENT SERVICES, INC. (CCMSI), THE DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION,

Respondents.

Case No.: A759871 Dept. No.: XVIII

ROA No.: 1802603-GB

Appeal No.: 1524756-GB

## TRANSMITTAL OF RECORD ON APPEAL

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

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

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

DATED this 12th day of SERTEMBER, 2017.

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

1	ROA APPEALS OFFICE
2	2200 S. Rancho Drive Suite 220 Las Vegas NV 89102
3	(702) 486-2527
4	DISTRICT COURT
5	CLARK COUNTY, NEVADA
6	JARED SPANGLER,
7	Petitioner,
8	vs. ) Case No.: A759871
9	) Dept. No.: XVIII CITY OF HENDERSON, CANNON COCHRAN) ROA No.: 1802603-GB MANAGEMENT SERVICES, INC. (CCMSI), ) Appeal No.: 1524756-GB
10	THE DEPARTMENT OF ADMINISTRATION, ) HEARINGS DIVISION,
11	Respondents.
12	
13	RECORD ON APPEAL IN ACCORDANCE WITH THE NEVADA ADMINISTRATIVE PROCEDURE ACT
14	
15	JARED SPANGLER 3350 TUNDRA SWAN ST
16	LAS VEGAS NV 89122
17	LISA M ANDERSON ESQ
18	GREENMAN GOLDBERG RABY MARTINEZ 601 S NINTH ST
19	LAS VEGAS NV 89101
20	CITY OF HENDERSON ATTN SALLY IHMELS
21	240 S WATER ST MSC 122
22	HENDERSON NV 89015-7227
23	DANIEL SCHWARTZ ESQ
24	LEWIS BRISBOIS BISGAARD SMITH 2300 W SAHARA AVE STE 300 BOX 28
25	LAS VEGAS NV 89102-4375
26	CCMSI  II II TE VACCA CLAIMS SUBERVICOR
ĺ	JULIE VACCA CLAIMS SUPERVISOR P O BOX 35350
27	LAS VEGAS NV 89133-5350
28	

## INDEX

3	ROA NUMBER: Appeal No.:	1802603-GB 1524756-GB		
4 5	DESCRIPTION		DOC NO	PAGE NUMBERS
6	TRANSMITTAL OF	FRECORD ON APPEAL	001	00001
7		AL IN ACCORDANCE WITH THE STRATIVE PROCEDURE ACT	E 002	00002
8 9	DECISION AND OF BRADLEY FILED J	RDER OF APPEALS OFFICER ULY 20, 2017	003	00003 - 00011
10 11	CORRESPONDENC DANIEL SCHWAR BRADLEY FILED J	CE ( <b>DECISION LETTER</b> ) FROM TZ, ESQ TO APPEALS OFFICER UNE 21, 2017	004	00012
12 13	CLAIMANT'S APPI APRIL 20, 2017	EAL MEMORANDUM FILED	005	00013 - 00020
14	NOTICE OF RESET	TING FILED FEBRUARY 22, 2017	7 006	00021 - 00022
15 16 17		PLEMENTAL EVIDENCE PACKA ( <b>ANT'S EXHIBIT 2)</b> FILED 016	GE 007	00023 00029
18	ORDER SETTING H REPORT FILED OC	HEARING READINESS STATUS TOBER 13, 2016	008	00030 - 00031
19 20		EX OF DOCUMENTS (MARKED HIBIT A) FILED JUNE 15, 2016	009	00032 - 00080
21 22	EMPLOYER'S APPI JUNE 15, 2016	EAL MEMORANDUM FILED	010	00081 - 00090
23		DENCE PACKAGE (MARKED HBIT 1) FILED JUNE 13, 2016	011	00091 - 00138
24 25	NOTICE OF APPEA FILED MAY 10, 201	L AND ORDER TO APPEAR 6	012	00139 - 00146
26	AFFIDAVIT AND C	ERTIFICATION	013	00147
27 28	CERTIFICATION O	F TRANSMITTAL	014	00148 - 00149
_~				

DOC003

PAGE 00003

JUL 2 0 2017 NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim

JARED SPANGLER

3550 TUNDRA SWAN ST.

LAS VEGAS, NV 89122,

of

Claimant.

2

1

3

5

7

8 9

10

11

12

13 14

15

16

17

18

19

20

21

22

23 24

25 26

28

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

BEFORE THE APPEALS OFFICER

The above-captioned appeal came on for hearing before Appeals Officer GEORGANNE W. BRADLEY, ESO. 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

On February 9, 2016, the claimant, JARED SPANGLER, alleges that has 1. 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 A at 1)

- 2. The Employer's Report of Industrial Injury or Occupational Disease notes a nearly one month delay in reporting the hearing loss. (Exhibit A at 2)
- 3. 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 A at 3)
- 4. 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." 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 A at 4-21)
- 5. Hearing testing has been performed throughout the claimant's employment with the City of Henderson. (Exhibit A at 22-34)
- 6. 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 A at 35-38)
- 7. A medical release was signed by the claimant on February 9, 2016. (Exhibit A at 39)
- 8. 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 A at 40-43)

- 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 <u>claimant</u>, not the Employer, who has the burden of proving his case, and that is by a preponderance of all the evidence. <u>State Industrial Insurance System v. Hicks</u>, 100 Nev. 567, 688 P.2d 324 (1984); <u>Holley v. State ex rel. Wyoming Worker's Compensation Div.</u>, 798 P.2d 323 (1990); <u>Hagler v. Micron Technology, Inc.</u>, 118 Idaho 596, 798 P.2d 55 (1990).
- 2. In attempting to prove his case, the claimant has the burden of going beyond speculation and conjecture. That means that the claimant must establish the work connection of his injuries, the causal relationship between the work-related injury and his disability, the extent of his disability, and all facets of the claim by a preponderance of all of the evidence. To prevail, a claimant must present and prove more evidence than an amount which would make his case and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of Workmen's Compensation, §80.33(a).
  - 3. NRS 616A.010 makes it clear that:

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

- 4. Claimant was unable to meet his burden of proof in this case. He was unable to demonstrate that his hearing loss is a compensable industrial injury.
- 5. Under NRS 616C.150 and NRS 617.358, the claimant has the burden of proof to show that the injury arose out of and in the course of employment. The claimant must satisfy this burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an employee is only entitled to compensation if he is injured in the course and scope of his employment.
  - 6. The Nevada Supreme Court has held that:

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

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

- 7. Some courts have found a distinction between "the course of employment" and "arising out of employment." In addition to occurring while at work, the injury must result from a hazard connect with the employment. See, <u>Miedema v. Dial Corp.</u>, 551 N.W.2d 309 (Iowa 1996).
- 8. In Nevada, the Supreme Court has defined the term "arose out of," as contained in NRS 616C.150, to mean that 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, the claimant must demonstrate that the origin of the injury is related to some risk involved within the scope of employment. The claimant has failed to meet his burden in this regard, especially given the prior 2006 claim denial and the intervening primarily desk job assignment of the claimant.
- 9. NRS 616A.030 defines an accident as "... an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury." As explained above, there is no known acute trauma or specific mechanism of injury, therefore, no statutory accident has been established.

4 5

6 7

8

9 10

11

12

13 14

15

16

17

18

19

20 21

22

23

24

25 26

27

28

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."

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

"The appeals officer found that Phillips' case was 'distinguishable' from Mitchell because Phillips' injury did not result from an 'unexplained fall.' Without elaborating, the appeals officer also stated that '[t]he Mitchell [c]ourt mentions the inherent dangerousness of stairways.' . . . [The Court in Rio further discussed Mitchell: "The employee argued that because she did not have a health affliction that caused her to fall and 'because staircases are inherently dangerous,' her injury "arose out of her 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.

- 16. The claimant has failed to establish that the origin of his injury, is related to some risk in the course of employment, given the claimant's past denied hearing loss claim and subsequent apparent assignment to a desk job, and given the lack of any acute trauma or specific mechanism of injury.
- 17. 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.

LEWIS BRISBOIS BISGAARD & SMITH LLP

Submitted by: LEWIS BRISBOIS-BISGAARD & SMITH LLP DANIEL L. SCHWARTZ, ESQ. Nevada Bar No. 005125 2300 W. Sahara Avenue, Ste. 300, Box 28 Las Vegas, Nevada 89102 Attorney for the Employer 

LEWIS BRISBOIS BISGAARD & SMITH LLP

4850-9713-3897.1 26990-1176

1 **CERTIFICATE OF MAILING** 2 The undersigned, an employee of the State of Nevada, Department of Administration, 3 Appeals Division, does hereby certify that on the date shown below, a true and correct copy of the 4 foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the appropriate 5 addressee file maintained by the Division, 2200 South Rancho Drive, Second Floor, Las Vegas, 6 Nevada, to the following: JARED SPANGLER 3550 TUNDRA SWAN ST. LAS VEGAS, NV 89122 LISA ANDERSON, ESQ. GREENMAN GOLDBERG RABY & MARTINEZ 10 601 S. 9TH ST. LAS VEGAS, NV 89101 11 CITY OF HENDERSON 12 ATTN: SALLY IHMELS 13 P.O. BOX 95050 MSC 127 HENDERSON, NV 89009-5050 14 **CCMSI** 15 **SUE RICCIO** P.O. BOX 35350 16 | LAS VEGAS, NV 89133 17 Daniel L. Schwartz, Esq. Lewis Brisbois Bisgaard & Smith LLP 18 2300 West Sahara Avenue, Suite 300, Box 28 Las Vegas, NV 89102 19 20 DATED this 2016 day of Juy 21 22 23 An employee of the State of Nevada 24 25 26 27 28

LEWIS BRISBOIS BISGAARD & SMITH LLP

4850-9713-3897.1



Daniel L. Schwartz 2300 W. Sahara Avenue, Suite 300, Box 28 Las Vegas, Nevada 89102 Daniel.Schwartz@lewisbrisbois.com 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 Claim No. City of Henderson 16C52G555847

Appeal No. :

1524756-GB

## 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

## <u>CLAIMANT'S APPEAL MEMORANDUM</u>

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 office. **SEE CLAIMANT'S PAGES 1-12**. Claimant demonstrated

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

On February 9, 2016, Claimant presented to Amanda Blake, Au.D for an audiology evaluation. At that time, Ms. Blake noted Claimant's employment history as a police officer began in 2003, with eleven (11) years on active patrol. During this time, Ms. Blake opined that Claimant's hearing has progressively worsened as a result of being "exposed to sirens, gunfire during range qualifications, and a radio piece in his left ear, and then a lapel microphone on his left side." Ms. Blake was provided with copies of the annual hearing examinations dating back to Claimant's 2003 hire date, and she confirmed that Claimant sustained ADDITIONAL BILATERAL HEARING LOSS SINCE HIS HIRE DATE, LEFT WORSE THAN RIGHT. Ms. Blake concluded that Claimant's "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." Ms. Blake confirmed that it was her opinion that his hearing loss was "not a consequence of the normal aging process for either ear and is suggestive of noise exposure." Ms. Blake completed a C-4 form and opined that Claimant's hearing loss was DIRECTLY RELATED to his employment as a police office. Ms. Blake recommended binaural amplification. SEE CLAIMANT'S PAGES 13-17.

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

2

3

4

5

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

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

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

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

#### <u>ARGUMENT</u>

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, È 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.
  - 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,

Ê 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

2

3

4

5

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

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

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

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

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

21

22

23

25

26

27

28

1

2

3

4

5

6

7

8

preponderance of the evidence that the subsequent (industrial) injury is not a substantial contributing cause of the resulting condition."

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

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

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

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

## **CONCLUSION**

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

## <u>WITNESSES</u>

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

Respectfully submitted, and DATED this 1 day of April, 2017.

GREENMAN, GOLDBERG, RABY & MARTINEZ

Nevada Bar No. 004907 601 South Ninth Street Las Vegas, Nevada 89101 Attorney for Claimant

## **CERTIFICATE OF SERVICE**

I do hereby certify that on the 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

			, <b>D</b>	OC006	PAGE 000021
1		BEFORE THE APPI	EALS OFFICER	. F ADir:	FILED EB 22 2017 FALS OFFICE
3	In the Matter of the Contested Industrial Insurance Claim of:		Claim No:	15C52G5558	ALS OFFICE
4	JARED SPANGLER,	)	Appeal No:	1524756-GB	i .
5 6		Claimant.			
7		NOTICE OF R	ESETTING		
8	TO ALL PARTIES-	IN-INTEREST:			
9	PLEASE TAKE NO	TICE that the above-	captioned matte	r will now be	heard in front of
10	the Appeals Officer for a HEA	ARING on:			
11	DATE: April 26, 2017	7			
12	TIME: 4:00PM				
<ul><li>13</li><li>14</li><li>15</li></ul>		NT OF ADMINIST RANCHO DRIVE # , NV 89102			
16	PLEASE TAKE FU	RTHER NOTICE t	hat previously s	cheduled hear	ing dates in this
17	matter, if any, are hereby vaca	ated and reset to the ab	ove referenced	date and time.	
18		###	!		
19	CONTINUANCE OF THIS	S SCHEDULED HE	EARING DATI	E SHALL OF	NLY BE
20	CONSIDERED ON WRITT	TEN APPLICATION	N SUPPORTED	BY AFFIDA	VITS.
21		###	ŧ		
22		mo			
23	IT IS SO ORDEREI	this <u>CC</u> day of F	ebruary, 2017.		
24		Hear	game d	J. Bard	len-
25			NE W BRADLE		0
26		APPEALS C		1, DOQ.	
27					

1 **CERTIFICATE OF MAILING** 2 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 3 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 4 S. Rancho Drive, #220, Las Vegas, Nevada, to the following: 5 JARED SPANGLER 6 3550 TUNDRA SWAN ST LAS VEGAS NV 89122-3501 7 LISA M ANDERSON ESQ 8 GREENMAN GOLDBERG RABY & MARTINEZ 9 601 S NINTH ST LAS VEGAS NV 89101 10 CITY OF HENDERSON 11 ATTN SALLY IHMELS 240 S WATER ST MSC 127 12 **HENDERSON NV 89015-7227** 13 DANIEL SCHWARTZ ESQ 14 LEWIS BRISBOIS BISGAARD & SMITH LLP 2300 W SAHARA AVE STE 300 BOX 28 15 LAS VEGAS NV 89102-4375 16 **CCMSI** 17 JULIE VACCA CLAIMS SUPERVISOR P O BOX 35350 18 LAS VEGAS NV 89133-5350 19 20 21 Patti Fox, Legal Secretary II Employee of the State of Nevada 22 23 24 25 26 27

R	FFC	RF.	THE	APPE	ALS	<b>OFFICE</b>	R
1.			1 1117			$\mathbf{v}_{11}$	

In the Matter of the Contested Industrial Insurance Claim

Claim No.:

JARED SPANGLER,

2

3

5

6

7

8

9

11

12

13

14

18

19

24

25

26

27

28

Appeal No.:

1524756-GB

Claimant.

## CLAIMANT'S SUPPLEMENTAL EVIDENCE PACKAGE

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

## **DOCUMENT**

PAGE NO.

Letter to Dr. Steven Becker dated November 23, 2016

047-051

## 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 29th day of December, 2016.

Respectfully submitted,

GREENMAN GOLDBERG RABY & MARTINEZ

LISA M. ANDERSON, ESQ.

Nevada Bar No. 4907 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 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

> > Employee of GREENMAN, GOLDBERG RÁBY & MARTINEZ

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/HO:	r B		Filz
001	10V/23	01:35PM	7023831822	0:00:45	4	MEMORY	OK	\$G3	8002
002		01137FK	7029334861	0100:49	4	MEMORY	ρĸ	909	8002
003		01:38PM	7023669563	0:01:42	4	MEMORY	٥ĸ	G3	8002
TO	TAL			0:03:16	1;	\$			

## GREENMAN, GOLDBERG, RABY & MARTINEZ

ATTORNEYS AT LAW

JOHN A. GREENMAN AUBREY GOLDBERG PAUL R. RABY BABRIEL A. MARTINEZ LIBA M. ANDERSON THOMAS W. ABKENOTH THADDEUS J. YUREK, III 601 SOUTH MINTH BTREET LAS VEDAG, NEVADA 89101-7012

TELEPHONE: (708) 354-16(6 FACSIMILE: (702) 384-2990

November 23, 2016

<u> Via Facsimile & US Mail (702) 382-1822</u> Steven Becker, MD

700 Shadow Lane #235 Las Vegas, NV 89106

Re:

Our Client

Jared Spangler

Date of Incident Date of Birth

1/14/16 7/2/79

Date of Birth 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 Flenderson Police Office. 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.

P. 002/005

## Greenman, Goldberg, Raby & Martinez

A PROFESSIONAL CORPORATION ATTORNEYS AT LAW

601 SOUTH NINTH STREET LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-16(6 FACS[MILE: (702) 364-2980

JOHN A. GREENMAN
AUBREY GOLDBERG
PAUL E. RABY
GABRIEL A. MARTINEZ
LISA M. ANDERSON
TROMAS W. ABKEROTH
TRADDEUS J. YUREK, III

November 23, 2016

<u>Via Facsimile & US Mail (702) 382-1822</u> Steven Becker, MD 700 Shadow Lane #235 Las Vegas, NV 89106

Re:

Our Client

: Jared Spangler

Date of Incident
Date of Birth

1/14/16 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 Office. 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.

P. 003/005

## GREENMAN, GOLDBERG, RABY & MARTINEZ

ATTORNEYS AT LAW

JOHN A, GREENMAN AUSREY GOLDBERG FAUL E. RABY GABRIEL A. MARTINEZ LISA M. ANDERSON THOMAS W. ASKEROTH THADDEUS J., YUREK. III 601 SOUTH NINTH STREET LAS VEGAS, NEVADA 89101-7018

TELEPHONE: (702) 384-1818 FACSIMILE: (702) 384-2890

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

With respect to Mr. Spangler's bilateral hearing loss and tinnitus, to a reasonable

degree of medical probability, is his hearing loss	s work related?
Yes: No:	
Please explain:	
2. If Mr. Spangler's bilateral he working conditions, is the work exposure a cont this letter?	aring loss and timuitus is not originated by his ributory factor pursuant to the Statutes outlined in
Yes: No:	
	tearing test 2003
Hearing has steady work	٠٠٠٠٠
Signed: Steven Becker, MD	Date: 12 2110
Your time and attention to this matter contact me directly should you have any question	is greatly appreciated. Please do not hesitate to one 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, Bsq./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)

P. 005/005

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.
  - 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 atise 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

<u>BEFORE THE APPEALS OFFIC</u>	<u>ER</u>
---------------------------------	-----------

OCT 1 3 2016

APPEALS OFFICE

			AFFEMLO
In the Matter of the Industrial Insurance Claim of:			15C52G555847
SPANGLER, JARED	)	Appeal No:	1524756-GB
Claimant.	)		

## 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 Aday of October, 2016.

Georganne W Bradley, Esq.
APPEALS OFFICER

CERTIFICATE OF MAILING 1 The undersigned, an employee of the State of Nevada, Department of Administration, 2 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 3 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 4 5 following: JARED SPANGLER 6 3550 TUNDRA SWAN ST 7 LAS VEGAS NV 89122-3501 8 LISA M ANDERSON ESQ GREENMAN GOLDBERG RABY & MARTINEZ 9 601 S NINTH ST 10 LAS VEGAS NV 89101 11 CITY OF HENDERSON ATTN SALLY IHMELS 12 240 S WATER ST MSC 127 **HENDERSON NV 89015-7227** 13 14 DANIEL SCHWARTZ ESQ LEWIS BRISBOIS BISGAARD & SMITH LLP 15 2300 W SAHARA AVE STE 300 BOX 28 LAS VEGAS NV 89102-4375 16 17 **CCMSI** JULIE VACCA CLAIMS SUPERVISOR 18 P O BOX 35350 LAS VEGAS NV 89133-5350 19 day of October, 2016. 20 21 Fox, Legal Secretary II Employee of the State of Nevada 22 23 24 25 26

27

MIGINAL

## NEVADA DEPARTMENT OF ADMINISTRATIO

### BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim

1

2

3

5

6

9

10

11

12

13

14

15

16

**17** 

18

19

20

21

22

23

24

25

26

27

28

of

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

Claimant.

Claim No.:

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 \( \frac{1}{4} \) 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

4819-6811-2178.1 26990-1176 CLAIMAINT'S EXHIBIT EMPLOYERS EXHIBIT # A

### **TABLE OF CONTENTS**

2	<u>Document</u> <u>Page</u>	No(s).
3	Form C-4 signed by Claimant,	
4	dated 02/09/16	1
5	Form C-3 for doi: 01/14/16, signed by Employer, dated 02/11/16	,
6		
7	Employer's First Notice of Injury or Occupational Disease, dated 01/14/16	5
8	Claimant's file and medical records for hearing loss claim filed in 2005, dated 11/01/05-03/07/064-21	ļ
9	Claimant's record of hearing tests for the duration of his employment,	-
10	dated 07/25/03-08/13/15	ł
11	Dr. Amanda Blake's independent audiology evaluation report, dated 02/09/16 35-38	}
12	Executed medical release and prior history information, dated 02/09/16	)
13	Dr. Roger Theobald's audiology evaluation reporting, dated 03/02/1640-43	
14		
15	Administrator's notice of claim denial, dated 03/15/16	
16	Claimant's Request for Hearing of the 03/15/16 determination re claim denial, dated 03/28/16	, <b>,</b>
17	Hearing Officer Trenkler's Order Transferring Hearing to Appeals Office,	
18	dated 05/02/16	I
19	///	
20	///	
21		
22	1//	
23	///	
24		
25	///	
26		
28		

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

4819-6811-2178.1 **26990-1176** 

1 **CERTIFICATE OF MAILING** 2 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** 10 P.O. BOX 35350 LAS VEGAS, NV 89133 11 DATED this 14th day of June, 2016. 12 13 An employee of LEWIS BRISBO'IS BISGAARD & SMITH LLP 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

LEWIS BRISBOIS BISGAARD & SMITH LLP

\_ \_ \_ \_ \_

@UUU4/UUU1

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT FORM C4

Karanna majorana as Panan Manan Manan		PLEASE	TYPE OR PRINT		
		VEES CLAIM EVROV	·		Cialm Number (Insurers Use Only)
First Name	M.I. /	Last Name SPANGUEY	Birthdate /	Sex   GM □ F	Craits (Valued (Mayrica Vas Only)
Home Address		NAN 57	Aga Height	Weight	Social Security Number
City / //	State		21p 8912	Teleptione	2. 461-1780
Mailing Address	SITY	-	State	Zip	Primary Language Spoken  ENCCISH
INSURER LOOMI	<u> </u>	THIRD-PARTY ADMIN	VISTRATOR	Employan's Occupantion	on (Job Tille) When Injury or Occupational  POLICE UFFICER
Employer's Name/Compar		<u> </u>			Telephone 702 - 207.5000
Office Mail Address (Num)	ner and Street)	T. HEND.	NV. 89015		
Date of Injury (Teppiceble)	Hours injury (if appl		Notified Last Day	of Work After Injury	Supervisor to Whom Injury Fleported
NA	am	pm 1/16	or Occup	ational Disease	5GT. JASON KUZIK
Address or Location of Ac	NOYTRSON				
What were you doing at it	RELATED	ALTIVITIES			444
How ald little injury or occu	ipational disease oco	ur? (Be specific and enswer COND WOISES	er in detail. Use addille	onal shee(II necess	ary)
If you believe that you have relationahip to your emplo	o en occupational dis	ease, when did you first his BEING H	avo knowledge of the バルピロ	diéability and its	Witnesses to Inc Accident (if applicable)
				P.S.,	NA
Nature of Injury or Occupi	L RINGING	in EARS	Pari(s) of Body Inju	red or Allected	
I CERTIFY THAT THE ADOVE IS INDUSTRIAL INSURANCE AND SURGEON, PRACTITIONER, OF INSURANCE COMPANY, OR OT PERTMENT TO THIS INJURY OF CONTROLLED SUBSTANCES, F	true and coffect to t occupational dieease I other person, any hi her institution or or R disease, except info or which I must give 8	rhe dest of My Khowledge / B acyb (nrs sisa to siso, inc B acyb (nrs sisa to siso, inc B anization to release to e B rmation relative to Diagno Pecific authorization. A pho	nnd that I have provide Lusive or chapter 517 Or or or or Ach other, yay medical Osis, theatment and/or Orto ant and or Orto and and or	D THIS INFORMATION IN OF NIRB). I HEREBY AUT VERNMENTAL NOBPITA OR OTHER INFORMATI COUNSELING FOR AIG IZATION SHALL DE AS V	ORDER TO OBTAIN THE GENEFITS OF NEVADA'S IMORIZE ANY PHYBICIAN, CHIROPRACTOR. I, ANY MEDICAL SERVICE ORGANIZATION, ANY ON, INCLIDING DENEFITS PAID OR PAYABLE, 3, PSYCHOLOGICAL CONDITIONS, ALCOHOL ON LIGAZITIE ORIGINAL.
Data 2/4/16	Place		Employe	e's Signalure	
THIS	REPORTMUSE	BE COMPLETED AND	Mainanamitanka		THE PROPERTY OF PROPERTY OF THE PROPERTY OF TH
Place	A. Colon.		ame of Facility		
<u> </u>	Audiology	au of rulink of Occubational Dise	ATTO Its there evide	nco that the injured or	nplayee was under the inlivence of about
Date 2/5/16	Part : contribut no	The part of Occupational Objection of Occupational Objection of Occupational Objection of Occupational Objection of Occupation o	id the last of No	er controlled subatence des (if yes, please exp	o at the time of the accident? (ain)
Hour /				ulear the nation LO (AC	notis oil work livu days or moto?
Frestment: Binaural amplifice	Hon wan medica	u clearance, annua autry knotedion in r	Have you do	rate datos: from	
	s, we do by	er of frontainin	% No If no	, is the injured employ	oe cepablo of: Mull duly 🗆 modified duty
X-Ray Findings: N/A			If modified di	ny, specify any limitali	
From information given by the connect this injury of accupal have an examination fraction	i employed, logathor with lonni disease as job incu ik ar ania lic falcust g	n modice(evidence, cen you d pred? So Yes □ No Local issing (xx) Udid by	mealsh		
is additional medical care	by a physician indica	ten? No Year E No.	ificella		No (Explain II yes)
Do you know of any previ	ous injury or disease	contributing to this condition	on or occupational dis-		
Shired noird some p	Print Doctor's Nam	e V Mur va u manim			
2/9/10		Blake	this form was mall	in to the employer of the line	USE ONLY
3120 S. Rain	-01. 0 14C	LO2	Telephone		
City State		ovider's Tax I.D. Number 6-29년8년35	702-233-43	27	RECEIVED
Doctor's Signature			-Au.D.		
ORIGINAL - TREATING F		PRACTOR PAGE 2 - INS	URER/TPA PAGE 3	- EMPLOYER PA	GE4-EMPLOYEE B 11 2016 (WX 10M)

City of Henderson

	TO AVOID FENALTY THIS REPORT MUST BE COMPLETED AND MALED TO THE INSURER WITHIN BE WORKING DAYS OF RECEIFT OF THE ICLA FORM	Please Type or Pri		OR	SIREPOR OPGUPA	TOF INDU	STRIALINJURY GEASE	
YER	Employer's Name CITY OF HENDERSON	Municipality				OSHA Log # G555847		
EMPLOYER	Office Mail Address 240 WATER STREET MSC 127	Location If differ	ent from	mailing address		elephone 02-267-19:	22	
<u></u>	City State Zip HENDERSON NV 89015	INSURER City of Hender	son			HIRD-PARTY CCMSI, Inc	ADMINISTRATOR	
	First Name M.I. Last Name Jared F Spangler	Social Security		Birthdate 07/02/1979	A(		Primary Language Spoken English	
YEE	Home Address (Number and Street) 3550 Tundra Swan	Sex Ø Male	□ Femal	e Marital Status C	] Single [	ð Married □	Divorced UWidowed	
EMPLOYEE	City State Zip Las Vegas NV 89122	Was the employee p	ald for th		He li	ow long has the n Nevada? 08	nis person been employed by you 8/25/2003	
EN	In which state was employee hired? Employee's occur Police Office	sabled	Departme 2100 Po	nt in which red OLICE	gularly employed:			
	Telephone Is the injured employee a corporate of  702-461-1780 □ Yes Ø No	☐ Yes Q No	ΩY	partner? 'es 🗗 No	бу оссир	ational diseas		
~	Date of Injury (if applicable) Time of Injury (Hours: Minuta AM/PM) unknown	02/05/2	oloyer no 2016	titled of injury or O/D	Kuzik	-	ry or O/D reported	
ACCIDENT OR DISEASE	Address or location of accident (Also provide city, county, sta various Henderson	Cla	rk	Nevada		ent on employ	rer's premises? (Fapplicable) No	
CIDENT C DISEASE	What was this employee doing when the accident occurred (I Hearing loss due to job related activities							
ACO	How did this injury or occupational disease occur? Include to I have been exposed to numerous excessive loo ongoing issue for several years and I documen	id noises in many	differe	ent environments	and wor	k capacitie	s. This has been an	
	Specify machine, tool, substance, or object most closely cor (if applicable) unknown	mected with the accide	nt	Wilness n/a			Was there more than one person injured in this	
ω	Part of body injured or affected Both EAR(S)	if fatal, give date of	death	Witness			accident? (If applicable)	
EAS	Nature of Injury or Occupational Disease (scratch, cut, bruis		Wilness		U Yes ☑ No			
OR DISEASE	Hearing Loss or Impairment			Did employee relum to accident? (if applicable	e) Ø Ye	iuled shift after	Will you have light duty work available if necessary?	
۲۷ ٥	If validity of cialm is doubted, state reason?			Location of Initial Tre Anderson Audio		0 S Rainbo	ow Blvd #202,Las Vega	
INJURY	Treating physician/chiropractor name Blake			Emergency Room (	□ Yes ঢ়		ospitalized 🗆 Yes 🛭 No	
≤	How many days per week does MRORIANIE employee work? 4	From 06:00	· · · ·	<sup>™</sup> 16:00		- 1	ast day wages were earned 5/16	
	Scheduled S M T W T F days off & C C C C C C C C C C C C C C C C C C	S Rotating  D  ter injury or disability	Are yo	u paying injured or dis Date of return to		loyee's wages	during disability?  Yes No Number of work days lost	
INFO	08/25/2003 02/05/2016	ter injury or disability	02/06		O WOIK	0	Number of Mork days lost	
AN	Was the employee hired to If not, for how m work 40 hours per week? ☑ Yes ☐ No was the employe	eny hours a week e hired?n/a	Did the months				on any time during the last 12 Do not know	
IMPORTANT OST TIME INF	For the purpose of calculation of the average monthly wage, the injured employee is expected to be off work 5 days or mo remuneration, but will not include reimbursement for expense to the date of injury or disability.	re, attach wage verifica	lion form	(D-8). Gross earning:	s will includ	e overtime, bo	nuses, and other	
7		WEEKLY D MONTHLY		ER On the date of i	njury or dis wage was:	ability \$ 46.58 pt	er⊠ Hr ClDay ClWk ClMo	
	For assistance with Workers' Compensati Assistance <u>Toll Free</u> : 1-888-333-1597 <u>W</u>							
*	I affirm that the information provided above regarding the accident and the best of my knowledge. I further affirm the wage information provide payroll records of the employee in question. I also understand that provided law.	d is true and correct as take	en from the	e 1711	. ı	d Title C	J-11-16	
a l	Claim is: 🖸 Accepted 🗎 Denied 🕦 Delerred 🗀 3 <sup>rd</sup> Party	Deemed Wage		Accovin No. 16C52G55	5847	C	Class Code	
	Claims Examiner's Signature	Oate		Status Clerk		D	Date	
um C-3 (u	ev.11/05) ORIGINAL - EMPLOYE	R PA	GE 2 -	- INSURER/TPA		PAC	GE 3 - EMPLOYEE	

xm C-3 (rev.11/05)

	First Notice of Injury o	FIRST AIL  FIRST AIL	DERSON Resources
	SSN#   Employee #	Date of accident/injury Tim  Did injury occur on employer pre  Various  Accident/injury location - addres This has been on going for years Date/Time reported: (Explain if n  Witness(es) Name  Scheduled days off: Ri (Not # of days)  In many different environments and work capacitic Incidents. I was told by Kelci Murphy (he called me	es. This has been an one on 1/13/2016) that Tyson
	Did the accident happen in the normal course of wo	nearing enhancements and protection  rork? YES NO NO	
	BODY PART INJURY (be specific)	01 Wounds (cuts)	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 work?
整理整理 人名戴克里马	Other Ears  N/A  Treating Physician Namo	13 Infectious Exposure (explain)   14 Other	Physician's Phone #= 0

He is necessed.

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

My Employedmasurer 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 site a claim for compensation, see "Claim for Compensation (Form C-4)" on reverse side.

Reset Form

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT ORIGINAL

THEO TUNNED STATE CONTROL STAT	•	CORNIC			011.0	
THE NAME OF TWO AND SOCIAL SECURITY STATES OF THE STATES O	,	PLEASE TYPE	OR PRINT	MERCHESTE	D.	
SIGNATURE DESCRIPTION MALE SHAPE SHA	EMPLOYE	E.S. CTOWN - DECOMPOSE OF	THE PROPERTY OF THE PARTY OF TH	Gay ,	Claim Number (heurs's Us	ie Only)
SPECIAL COL.  SENSOR TWORK SWAM SOLVER STATE OF THE PROPERTY AND THE STATE OF THE PROPERTY AND THE STATE OF THE PROPERTY AND THE STATE OF THE STATE	Total Maries M.L.	Fast Name Burno	의명 / ·	1 000 [		
TRIPLE AND THE STATE OF THE STA		PANGLER -2	. ( . ( )		Social Security Number	
State  State  State  State  State  State  Principal Language Spoken  THERD-PARTY ADMINISTRATOR  Employer's Name Company Night  Telephone  Telep			<i>^</i> 1 <i>-</i> "		-	
State	3550 TUNDRA SWAN		Q (100.		<del></del>	
SUBJECT THIRD-PARTY ADMINISTRATOR Explorers Conception (also 196) When heavy or Conception (also 196)	Cinio	Zip	12.2	7/7 3	-0002	
THIRD-PARTY ADMINISTRATOR  Employer's Normar-Company (Nigma   Company   Comp		871		1 77 3	Demand anguage Spoke	n
ISURER WITH DEPARTY ADMINISTRATOR Endowed Socialization (Ast Tigs) What help or Occupational Essent Occurred Plant Source (Astronomy Street) Triple of Source (Astronomy Stree	Surface Address / City	State	23	(P	150/0/15	4
Implies a Nieman Company Name  Telephone (Number and Street)  Application of Accident (Harmon injury of applicable)  And Adverse (Number and Street)  And Adverse (Number and Street)  And Hours Injury of applicable)  And Hours Injury of applicable)  And were you doing at the terms of the accident? (If applicable)  And were you doing at the terms of the accident? (If applicable)  And Hours Injury of applicable of the Accident (If applicable)  And Hours Injury of applicable of the Accident (If applicable)  And Hours Injury of accupational disease occur? (Be specific and answerin detail. Use applicable)  And And And Andrew (Author)  Andrew An	nysicsi Address <td>•</td> <td></td> <td></td> <td>Tule Tule Manager Co</td> <td>crupational</td>	•			Tule Tule Manager Co	crupational
Implies a Nieman Company Name  Telephone (Number and Street)  Application of Accident (Harmon injury of applicable)  And Adverse (Number and Street)  And Adverse (Number and Street)  And Hours Injury of applicable)  And Hours Injury of applicable)  And were you doing at the terms of the accident? (If applicable)  And were you doing at the terms of the accident? (If applicable)  And Hours Injury of applicable of the Accident (If applicable)  And Hours Injury of applicable of the Accident (If applicable)  And Hours Injury of accupational disease occur? (Be specific and answerin detail. Use applicable)  And And And Andrew (Author)  Andrew An		THIRD-PARTY ADMINISTRAT	OR E	Alches, a 'Docnoppio	U (100 JEB) street name a	
Micros (Number gard) States (Number gard) States)  All DATE (Number gard) States)  And Control of Location of Academy (if applicable)  Date Employer Notified   Last Day of Work After injury   Supervisor to Wittom (iglusy Reported or Cocupational Obsesses   Supervisor (iglusy or Cocupational	ISURER INVIL	-	1 4	Bare Office		
Handerson (Number and State and Stat	777	4 - 00 - 00			Telephone	100
This reports of the process of the p	mployer's Name/Company Islams	HENDER SON			· 00 0 7	
This reports of the process of the p	VG N II Address (Number and Sinest)	1/2011	100001	and or	9015	
direas or Location of Academi (if applicable)  Bit	MICS Mail Address (Northead and Caron)	, , , , , , , , , , , , , , , , , , , ,		Land A Royal Balleton	Supervisor to Whom It	Jury Reported
And were you doing at the time of the accident? (if applicable)  And were you doing at the time of the accident? (if applicable)  And were you doing at the time of the accident? (if applicable)  And the were you doing at the time of the accident? (if applicable)  And the accident is proposed to accident of the accident? (if applicable)  And the accident is proposed to accident of the accident? (if applicable)  And the accident is proposed to accident of the		bia) Date Employer Notified	Last Day of	MOUN WITH BUILD	Supervisor -	
And were you doing at the time of the accident? (if applicable)  And this injury gonocupations of present the accident? (if applicable)  And this injury gonocupations of simple accident? (if applicable)  And To 0475 LATER, OLCASIONAL RINGING COLURGE, Institute of the accident? (if applicable)  You believe that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You believe that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You believe that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You believe that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You believe that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You complete that you have an occupationed flagsage, when did you first have knowledge of the deadbilly and its opplicable)  You complete that you have an occupationed flagsage, when the your flagsage is the property of the deadbilly and its opplicable)  April (3 of Sody Injured or Affected gonomers)  April (3 of Sody Injured or Affected gonomers)  April (4 of Sody) injured or Affected gonomers and the flagsage of the Accident (if applicable)  You complete that you complete the Amagined gonomers and the property of the Affected gonomers and the Affected gonomers and the property of the Affected gonomers and the Affected gonomers and the Affected gonomers and th	The carried of the contract of		or Occupation	TIGI CIDADO		
And were you doing at the time of the accident? (if applicable)  And		<u>m</u>				Ì
And were you doing at the time of the accident? (if applicable)  And	ddress or Location of Accident (if applicable)					
Over The Color of the highest of possible and shewer occurs (the specific and shewer in detail. Use additional there if possible and an additional time of the control of the color of the		per / pri				
Over Time T Hear RIVER Section of Section and Section	That were you dolog at the time of the accident? (	if applicable)				'
SOMETIMES AP TO DAYS LATER, OCCASIONAL RUNGHISTORY WITH CONTROLLED SERVING AND THAT HAVE AND CORRECT TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE ADDRESS	INNEROTATION TO SERVICE AND AND ADDRESS OF THE PROPERTY OF THE	MA	<u>'.                                    </u>			1111
SOMETIMES AP TO DAYS LATER, OCCASIONAL RUNGHISTORY WITH CONTROLLED SERVING AND THAT HAVE AND CORRECT TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE ADDRESS	and the second second second	The specific and answer ki det	il. Use additiona	l sheet if necessi	ARY ALARM	CALLS
SOMETIMES AP TO DAYS LATER, OCCASIONAL RUNGHISTORY WITH CONTROLLED SERVING AND THAT HAVE AND CORRECT TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT HAVE PROVIDED THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THE ADDRESS TO THE SERVING AND THAT THAT THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE SERVING AND THAT THE ADDRESS TO THE ADDRESS	ow did this many of obcupations unlessed of the	GING. SPECIFICAL	LY AFTE	eac Dune	ocar v vi	1 SPECIA
Part of the policy of the search open previous finance of the care of the distribution of the policy of the patients of the policy of the patients of the pati	and the second s	· · · · · · · · · · · · · · · · · · ·	AmianiAI	pinkin	G OCCURS.	PNCINFAR
pout believer that you have an occupational disease.  AFTER THE JOB,  AFTER TH	SOMETIMES WA TO DAYS	LMIER, OCCI	7>1010116	1711	_ : - = :	Inno /H
State of Injury or Occupational Disease  Part(s) of Body Injured or Affected  EAR Hotel	70,497	a when did you first have long	viedos of the disa	billy and its		Sent (#
State of Injury or Occupational Disease  Part(s) of Body Injured or Affected  EAR Hotel	you believe that you have an occupational disco-	as, withit and you mor make the	407	10 011	applicable)	
Battle of Injury or Occupational Disease  HEAR ING  Part(s) of Body Injured or Affocted  Part(s) of Body Injured or Affocted  HEAR ING  Part(s) of Body Injured or Affocted  Part(s) of Injured or Affocted  Part (s) of Injured or	lationship to your employment?	AFTER THE	13 YET	452 010		
Barrey of Injury or Occupational Disease  ### HEAR ING  ##	·	THE TOR		•	MA	
HEARING HISTORY MICE AND CORRECT TO THE BEST OF INVISIONIEDGE AND THAT HAVE PROVIDED THIS INCOMPLATED HIS INCO				- National Control	┥ ,	
EMPRISON PROCESS AND CONTROL AND CONTROL TO THE BEST OF INVISORMEDGE AND THAT I HAVE PROVIDED THIS INFORMATION AND CONTROL AND CONTROL OF ANY ANY MERCALLY SERVICE DISCONARY AND CONTROL OF ANY MERCALLY SERVICE DISCONARY AND MERCALLY SE	otive of Johns or Occupational Disease	Part(:	s) of Body Injured	N, Ol Wilberson		
Extract THAT THE ABOVE IS TREE AND CORRECT TO THE SETT OF IN NOCKMEDGE AND THAT HAVE MICHAELD THIS ITS CONTINUED TO SERVICE OF THE SETT OF THE SET OF THE	HEARING	<u> </u>	EAR	<u> </u>		
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT  Name of Facility  Name of Facility  Is their avidence that the injured employee was under the influence of alcohol- actor another controlled substance at the fine of the accident?  Our  Reful to SS  Is their avidence that the injured employee was under the influence of alcohol- actor another controlled substance at the fine of the accident?  In our Yes (if yes, please applied)  Have you advised the patient to remain off work five days of more?  Pay Findings:  In interest another controlled substance at the fine of the accident?  Reful to TADJODGIS  Have you advised the patient to remain off work five days of more?  Pay Findings:  In interest another controlled substance at the fine of the accident?  In our fine injured employee capable of:  In the injured employee capable of:  In the fine injured employee capable of:  In the fine injured employee capable of:  In outflied duty, specify shy final sitions/heatrickions:  In outflied duty, specify shy final	OUSTRIAL RISERANCE AND OCCUPATIONAL DISEASES AG REGOL PRACTITIONER, OR OTHER PERSON, MY HOSPIT SERNICE COMPANY, OR OTHER INSTITUTION OR ORGAN ERTINENT TO THIS INJURY OR DISEASE, EXCEPT WIFORMA THE PROPERTY OF DISEASE, EXCEPT WE SPEC	TE MRS SIBA TO GIBLI, MELLUSIVELTI MA. INCLUDING VETERANS ADMINIST ZATION TO RELEASE TO EACH OTHER TION RELATIVE TO DUGNOSIS, TREA IFIC AUTHORIZATION. A PHOTOSTAT	RATION OR GOVERN LANY MEDICAL OR G TMEHT AND/OR COU OF THIS AUTHORIZAT	MENTAL HOSPITAL. EXTREM HEOFMATION HEELING FOR AIDS, F TION SHALL BE AS V	MCLUDING BENEFITS PAID OF SYCHOLOGICAL CONDITIONS, HOLD AS THE ORIGINAL	RPAYASLE ALCOHOL OR
THIS REPORT SUITS BE COMPLETED AND MAILED WITHIN'S WORKING DAYS OF TREATMENT  Name of Facility  Name of Facility  Is there evidence that the injured employee was under the influence of allochous activity and the fine of the eccident?  Featment:  Featment:  Reful to ENT ADJODIS Have you advectly the injured employee, to be a socident?  Rey Findings:  In the employee, to be injured employee, to be injured employee capable of the fine duty medited duty, specify any finisherest inchions:  The employee injuries with medical existence, can you directly medited forms by the employee, to be physician indicated?  Peer No  Included duty, specify any finisherest inchions:  The employer occupational diseases as job incirred?  Peer No  Included duty, specify any finisherest indicated to the employer of the employer on:  New Additional medical care by a physician indicated?  Pennt Doctors Name Incredit this condition or occupational disease?  Pennt Doctors Name Incredit this form was mailed to the employer on:  Nevada Competing  This phone  The phone  Responsive to the employer of the employer on:  Nevada Competing  This phone  The phone  Responsive to the employer of the employer on:  INSURER'S USE ONLY  State  Responsive to the employer of the employer on:  Responsive to the employer on the employer o	SMIROLLED SUBSCINCES, FOR MINOR THE STATE OF	•	Employee's	Signatura /	3/1/10/1	
Ray Findings:    In the patient to remain of work five days or more?	ats 1/1/05 Place	CONTRACTOR AND BANK C	DANTEUN S MA	ORKING DAYS	OFTREATMENT	
atio Diagnosis and Description of Injury or Docupational Disease action for Controlled Substance at the fine of the accident?  The Cart way to the accident?  The Cart way to the accident?  The Cart way to substance at the fine of the accident?  The Cart way to substance at the fine of the accident?  The Cart way to substance at the fine of the accident?  The Cart way to substance at the fine of the accident?  The Cart way to substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the fine of the accident?  The Cart way the substance at the substance accident?  The Cart way the substance at the substance accident?  The Cart way the substance at the substance accident?  The Cart way the substance at the substance accident?  The Cart way the substance at the substance accident?  The Cart way the substance accident to remain of work feet days of the substance accident?  The Cart way the cart way the substance accident to remain of the substance accident to t	THIS REPORT MUST BE	COMERE ED AMPROVIDE	A COLUMN TO A COLU	100		
Big Diagnosis and Description of kipury or Docupational Disease activities from the influence of shochol activities and the property was content the influence of shochol activities and the patient of the property shockais dishes from the controlled substance of the fine of the accident?    Regulation   Page of yes please activities		( Name of )	sciety			
The control of the co	+-1V	_H	·	·	atmost send to be a send a send	e of silcohol-
The state of the patient to remain off work five days or more?    Part	ota Diagnosis and Description o	x knjury or Occupational Disease	and the specifical Property of the second	WARNESS DANKS	Strate Strate at min and an artist at the strate at the st	-
Ray Findings:  Ray Findings:    The fine is the injured employee capable of:   Intitide the pallonial or remain off work five days or more?   The fine is the injured employee capable of:   Intitide the pallonial or remain off work five days or more?   The fine is the injured employee capable of:   Intitide the pallonial employee capable of:		•	12 No D Yes	Of ves, pleases expi	Mn)	
Eatment:  Reful to ENT AD DOUBT Pay Indicate dailest from to paylone capable of the days or more?  Pay Findings:  If modified duty, specify shy firefactions:  If modified duty, specify shy firefactions:  additional medical care by a physician indicated?  Paylon Instrumentation previous injury or disease contributing to this condition or occupational disease?  Provide the employer's copy of this form was malled to the employer on:  Insurer's Use ONLY  Total Doctors Name  Total Doctors Tax I.D. Number  Total Doctors Tax I.D. Number  Total Doctors Tax I.D. Number  Total Signature	- hearth to	·&S		Programme .	•	
Ray Findings:    The fine is the injured employee capable of:   full duty   modified duty	our 3		1			
Ray Findings:    The fine is the injured employee capable of:   full duty   modified duty		<u> </u>	Have you advised	the pallent to rem	an off work five days or more	7
Ray Findings:    If modified duty, specify shy finishions/settictions:	entment:	$\Lambda \sim \Gamma - 1$				
Ray Findings:    If modified duty, specify stry finitions/nestrictions:	" ( ) + ENT	Hurbologist	C Yes Indicate	dalast rom	*\	
Ray Findings:  If modified duty, specify shy finitedions/restrictions:  If modified duty, specify shy finitedions/restrictions.  If modified duty, specify shy finitedions/restrictions.  If modified duty, specify shy finitedions/restrictions.  If modified duty, specify shy finitedions.  If modified duty, specify shy f	Refull to Envi	1100100130		he lakered amploys	capable of I full duty I	) modified duty
meditals given by the employee, together with medical evidence, can you directly meet this injury or occupational disease as job incurred?   Yes   No    sudditional medical care by a physician indicated?   Yes   No    I you know of any previous injury or disease contributing to this condition or occupational disease?   Yes   No    Reint Dootpos Name   I certify that the employer's copy of   Nevada CompFirs this form was malled to the employer on:   INSURER'S USE ONLY    State   State   State   State   Section   Section   Section   State   Section   Section   Section   State   Section   Sec						ļ ·
mich medical given by the employee, together with medical evidence, can you directly medital injury or occupational disease as job incurred?	Ray Findings!		If madified duty,	pacify sky firskatio	ns/nectric/sons:	
additional medical care by a physician indicated?   Yes C No  You know of any previous injury or disease contributing to this condition or occupational disease?   Yes No (Explain If yes) NOV 1 2005  You know of any previous injury or disease contributing to this condition or occupational disease?   Yes No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Invariant Doctors Nov Novada ComoFirst this form was malled to the employer on:  INSURER'S USE ONLY  Yes C No  Invariant President Novada ComoFirst this form was malled to the employer on:  INSURER'S USE ONLY  You State		in a state of a second and a second	1, 1,100	• • • •	yang puny	~ # EJE # [
additional medical care by a physician indicated?   Yes C No  You know of any previous injury or disease contributing to this condition or occupational disease?   Yes No (Explain If yes) NOV 1 2005  You know of any previous injury or disease contributing to this condition or occupational disease?   Yes No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Yes C No (Explain If yes) NOV 1 2005  Invariant Doctors Nov Novada ComoFirst this form was malled to the employer on:  INSURER'S USE ONLY  Yes C No  Invariant President Novada ComoFirst this form was malled to the employer on:  INSURER'S USE ONLY  You State	om Information given by the employee, together with me	FOICE EVICENCE, CAN JOUGHNOUS			- n C	CETVI
you know of any previous injury or disease contributing to this condition or occupational disease?  Yes No (Explain If yes) NOV  To Single Zip Provider's Tax I.D. Number Telephone  Too's Signature  No (Explain If yes) NOV  Nevada CompFirst  Telephone  (702) 566-5500  Degree  Too's Signature	meet this injury or occupational disease as job incurred	17 12 tell 12 110 5'				
you know of any previous injury or disease contributing to this condition or occupational disease?  Yes No (Explain If yes) NOV  To Single Zip Provider's Tax I.D. Number Telephone  Too's Signature  No (Explain If yes) NOV  Nevada CompFirst  Telephone  (702) 566-5500  Degree  Too's Signature	and the second second second	7 D Yes D No		,	·	<del>21/1-4-2005</del>
P. O I - O S Rint Dodor's Name I certify that the employer's copy of this form was malled to the employer on:  The state Mead Dr.  State Zip Provider's Tax I.D. Number (702) 566-5500  Tior's Signature  Telephone  Toggree  Toggree  Telephone  Toggree  Toggree	additional medical care by a physician mutuator		mational dispuse	7 🗆 Yes 🗆	No (Expisin if yes) . IN	JV 200-1
P. O Sprint Doctor's Name I certify that the employer's copy of this form was malled to the employer on:  The state Mead Dr.    Comparison   Compari	you know of any previous injury or disease con	FUPTHENG TO THE CONTRIBUTION OF OCC	obstorio: opposite			
dress 5 W. Lake Mead Dr.  State  Resolution NV 89015  Stor's Signature  Telephone  (702) 566-5500  Degree  Telephone  (702) 566-5500			At that the amoin	ver's mov of	Nova	da ComoFirst-l
dress 5 W. Lake Mead Dr.  Responsible 89016 880322143 C702) 566-5500  Tior's Signature Dagras Dagras	He mil / F Rint Dodpis Name.	this for	y urat ura ampled to	the employer of	: Never	3(2 (3) (3)
State Nead Dr.  State Signature    Control of the second control o	TO CO O O LA	T   this it	ASSES TRANSPORTED TO	I INSURER'S I	SE ONLY	
State Nead Dr.  State No. Lake Mead Dr.  Provisirs Tax I.D. Number Telephone (702) 566-5500  Stor's Signature Deprove	rings		•	4		/
nderson NV 89015 B80322143 (702) 566-5500	SYM I also Moort Dr			1 11	~~~/\T	!
ncierson NV 89015 880322143 1/021566-5530 Degree De		FTEX I.D. Number Tele;		1 JANY	JC 1 X 11 7 V	\
ztor's Signature	mineran till Ransall	<u> 0322143   (70</u>	2) 566-5500	i i i i		٠ . ا
Tion's Signature				1 100		· 1
The state of the s	plore Signature / // / /	1707	1	<u> </u>		
	<u> </u>		<del> </del>		GE 4 - EMPLOYEE	Fore C-4 (HAVAUKS)

	o' TO AVOID PENALTY, THIS REPORT THE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM	PLE. TYPE OF		EMF	PLOYER R OR OC	EPORT (	OF INDUSTRIA ONAL DISEAS	ALINJURY E
E M P	Employer's Name City of Henderson	Nature of Busine Municipality	γ		เญา 600072		SHA Log # /C-200501156	
O	Office Mall Address 240 Water Street,	LocationIf diff 240 Water Street,	erent from mai Henderson, NV	ling address / 89015		Teleph		
R	City State Zip Henderson, NV 89015	Insurer					árty Administrato Omp First	r
E.	First Name M.I. Last Name JARED F SPANGLER	Social Security		Birthda 07		Age		Language Spoken
M	Home Address (Number and Street): 3550 TUNDRA SWAN	Sex X Mal	e , 🔲 Female		Status 🔲 Sir		mara in mara da a	orced
L O	City State Zip LAS VEGAS, NV 89122	Was the employe (If applicable)	180	res □No	been employ	ed by you i	n Nevada? \2.19	Year(s)
E	In which state was NV Employee's occupation (I or disabled POLICE	ob litte) when hire OFFICER	d	D er	epartment in wh	ich regular ice-E.ast	ly Command-10	01:2112
E	Telephone: Is the injured employee a corporate officer?  7024130002 □ Yes No		le proprietor? Yes 🌑 1	.i.par	tner? Yes <b>()</b> : No	Was em	ployee in your empled by occupations	oloy when injured ol disease (O/D)?
O R D	Date of Injury (trapplicable) Time of injury (Hours, Minute AM/PM)  (frapplicable)	Date employer no			OREEN WE		O/D reported	
.1	Address or location of accident (Also provide city, county, state) (frapplicable) POLICE CALL, HENDERSON, NV					Acciden		emises? (if applicable)
E E	What was this employee doing when the accident occurred (loading truck, wa RESPONDING TO ALARM CALLS	lking down stairs,	etc.)? (If applie	ible)			1957	VICY
A S	How did this injury or occupational disease occur? Include time employee ber	an work. Be speci	fic and answer	in detail. Use a	dditional sheet l	necessary.	<i>)/[// </i>	
E	EMPLOYEE INDICATES SINCE JUNE 2004, AFTER R WITH THE ALARM ON, AFTER EXITING HE HAS RI	NGING IN HI	TO BURG IS EARS.	LARY/RO	BBERY AL	ARM C	LLS AND G	OING INSIDE
	Specific machine; tool, substance; or object most closely connected with the ac of spalls blood ALARMS		Vliness				Was there more the linguistic of the linguistic of the line of the	ident? (if applicable)
o: Ri	Part of body injured or affected If fatal, giv	e date of death	Vitners				Yes	No.
	013-EAR (S) Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)		VONE				) Its	<u> </u>
, D	HEARING LOSS/RINGING IN BOTH EARS		viiness				je sa se Politi svištavita	
S			old employee re cheduled shift Yes	lum to nest after accident?	Of applicable)	Vill you ha vallable it i	rë light dûty work necessary?	Yes() No
S	If validity of claim is doubted, state reason REQUEST: MEDICAL INVESTIGATION		FREM	Table 5 Sept 1972 The Con-	CAL CENT	ÉR		
	Treating physician/chiropractor name FREMONT MEDICAL CENTER - BYRON KILPATRIC	K. E	mergency Roo			Hospi	alized ∐ Yes	XI No
	IMPORTANT does employee work? 4 From 10	:00 PM	то 8:00	AM	Last day	wages wei	e carned	11/1/2005
	Schieduled S M T W T F S Ri days off <b>E</b> O <b>E</b> O <b>O O O</b>	otating	Are you p	aying injured o	or disabled emplo	yce's wage	s during disability	<del></del>
ı	Date employee was hired Last day of work s		bility	Date	of relum to work	k	Yes Number of	O No work days lost
0	08 25 2003 11 01	eria Manungstruke Kilomber adalah ke				- Abi-		0
٠. [٠	Was the employee hired to If not, for how in work 40 hours per week? Wes No week was the emp	~~~~~~ <del>~~</del>		the employee months?	receive unemplo	ýment com	pensation any time	during the last
1 1	for the purpose of calculation of the average monthly wage, indicate the employ njured employee is expected to be off work S days or more, attach wage verifica	ee's gross earnings	by pay period	for 12 weeks p	rior to the date o	ı injury or	disability. If the	
	mployee was absent from work during the period for which payroll information	12 weeks, provide	gross earnings	from the date of	of hire to the dat	a of in heigh	andirahilita Julia	DELLE SELIO SELIO
I I	st, indicate, by numeral, the reason(s) for the absence(s). Gross earnings must . Certified fliness or disability. 2. Institutionalized in hospital or other instituti . In military service other than that training duty conducted on weekends. 5. A	not include wages on. 3. Enrolled as obsent because of a	earned after th a full-time stu in officially san	e date of injury dent, not emplo ectioned strike.	or disability.  oyedon days whe	n altending LA absen	classer. Neva	da CompFirst-L
0 2	AY PERIOD WEEKLY		OTHER		injury or disabil		26.00 per F	
take	rm that the information provided above regarding the accident and injury or occupational cli- cet to the best of my knowledge. I further affirm the wage faformation provided is true and co of from the payroll records of the employee in question. I also functionant that providing false mailton is a violation of Newada law.	reect to	yer's Signature	and Title	H/R Alia	listi	Date // 1	7 105
Cia	im is: Accepted Denled Delerred Srd Party Deemed	Wage	Accau	nt No.		Class C	ode 000269	
Citi	ms Examiner's Signature Date	Status	Clerk				Date	

		the second second			PAGE 0
2 267 4551	HPD PATROL N	MAINST	007-196	111, 110	. 2000
	ć		2011		
			FIR	ST AID [ ]	BBP W/C
*				II )HI	2S( )IN
			The Car	Dasc	ources
	1 A 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M. O. H. O. H.	V C 2	701003

	cupational Disease	ä
SN# mployee # OLG	7/2 LNK.	a m in m
ame of employee  PO POLICE C epartment / Job title	11	remises? YES NO
NONE MY SET NOW (	S Accident/injury location - add	rand
しいべ upervisor on duty at time of accident/injury	11/1/05 / RINGING Date/Time reported: (Explain	
mployee on overtime? YES NO 🔀	Witness(es) Name	
lo. of days worked per week? 4 DAYS	Scheduled days off:	Reg. Working Hours
Describe accident/injury in detail beginning with to TICEO SINCE  ALARM CALLS AND GOME	6/04 AFTER RESPONDIM	TO BURGLARY/ROB ON WHEN I
EXIT, I HAVE A RINGING A		
Unsafe conditions or practice involved	SUE PROTECTORS 04 bu	RECAPY CALLS
Did the accident happen in the normal course of Was anyone else involved? YES NO	AA	
BODY PART INJURY (be specific)	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  01 Wounds (cuts)	
BODY PART INJURY (be specific)  G1 Face Gexplain) G1 Face Lower Middle Upp  G2 Toe or foot G1 Eyes	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  01 Wounds (cuts)	ACTION TAKEN
Was anyone else involved?  BODY PART INJURY (be specific)  G1 Face Gexpisin Georgia Gexpisin Georgia Gexpisin Georgia	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis	ACTION TAKEN  Hospitalized  Emergency hospital care
Was anyone else involved?  BODY PART INJURY (be specific)  G1 Face	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis  O5 Strain  O6 Sprain  O7 Contusion (bruise)	ACTION TAKEN  Hospitalized  Emergency hospital care  First Ald Provided by whom:  UE Dictor's care
Was anyone else involved?  BODY PART INJURY (be specific)  G1 Face Gexpiain)  G2 Toe or foot Game To Eyes R L  G3 Internal organs Game To Legs R L  G12 Knee R L  G4 Fingers  G5 Hands R L  G5 Hands R L  G14 Shoulders R	Names ANY OFFICER THAT HAS LEED  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis  O5 Strain  O6 Sprain  O7 Contusion (bruise)  L O8 Burns  NOV 1 4	ACTION TAKEN  Hospitalized  Emergency hospital care  First Aid Provided by whom:  Time loss  Time loss  Time loss
Was anyone else involved?  BODY PART INJURY (be specific)  O1 Face (expisin)  O2 Toe or foot R L O3 Internal organs (not lungs)  O4 Fingers  O5 Hands R L O5 Hands R C O6 Arms R C O7 Trunk  D IS NO	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis  O5 Strain  O6 Sprain  O7 Contusion (bruise)  L O8 Burns  O9 Foreign body  10 Infection  Nevada Com	ACTION TAKEN  Hospitalized Emergency hospital care First Aid Provided by whom:  Dictor's care Time loss Time loss Time loss Time loss Time loss Employee returned to
Was anyone else involved?  BODY PART INJURY (be specific)  G1 Face	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis  O5 Strain  O6 Sprain  O7 Contusion (bruise)  L O8 Burns  NOV 1 4  O9 Foreign body  10 Infection Nevada Com	ACTION TAKEN  Hospitalized Emergency hospital care First Aid Provided by whom:  Time loss Time loss Time left work No time loss
Was anyone else involved?  BODY PART INJURY (be specific)  G1 Face Gexpiain)  O2 Toe or foot Gexpiain  O3 internal organs Gexpiain  O4 Fingers  G04 Fingers  G05 Hands R L G14 Shoulders R G16 Neck  G07 Trunk G16 Neck  G08 Lungs  T17 Groin	Names ANY OFFICER THAT HAS BEEN  NATURE OF INJURY  O1 Wounds (cuts)  O2 Hernia  O3 Fracture  O4 Dermatitis  O5 Strain  O6 Sprain  O7 Contusion (bruise)  L O8 Burns  O9 Foreign body  10 Infection  Nevada Com  11 Dislocation  Cattach MSDS  13 Infectious Exposure (expiain)	ACTION TAKEN  Hospitalized Emergency hospital care First Aid Provided by whom:  Time loss Time loss Time left work No time loss Employee returned to work? YES NO □

#### 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

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.

RECEIVED

HD05 60158

NOV 15 2005

Nevada CompFirst-LV

Page 1 of 2

#### 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

HD0500158

RECEIVED NOV 15 2005

Nevada CompFirst-LV

Patient's Name: SPANSIER, JARED
Date: 12-13-05 Physician: SEM
heavens high food was usually after
LOSS MOSTEL in AC Ohis DAL WAY
and offer offered love tout is alove
19 1 working after the world and profet
Den (1) 1115 CO 2011
MEDSAllergies_NKDA
'ast History: E. N. T. Headache
Otorrhea
Rhinorrhea Post-Nasal Drip Enistavis Trauma
Colds Colds
Sore Throats — Peritonsillar Abscess Hoarseness — Hoarseness — Peritonsillar Abscess — Peritonsillar Abscess — Peritonsillar Abscess — Hoarseness — Peritonsillar Abscess — Hoarseness — Hoarseness — Peritonsillar Abscess — Hoarseness — Hoar
Cervical Glands — Svering when graw you ( ight ) WV raction  : Measles — S.F. — Dipth. — Rheum — P.N. — Intl. — Asthma — Hay Fever — Hay F
Tobacca Tobacca Tobacca
TBC Canada Allery W/O
ars: Canals Hay Fever
Prums R. W
Mastoids A
iose: Septum 12 14 carelle LF ARA
Turbinates + 3 Obstruction Reserved
Discharge (UIU)
Sinus Tenderness (O)
asopharynx
Teeth Q
Tongue
Parotid
Submax
roat: Uvula (9vy flor
Tonsils + 7
Pillars
тупх
BECEIVED
rvical Glands Per 2 0 2005
Ray DEC 2 9 2003
Nevada CompFirst-LV
gnosis A Grand A
(Co 136)
alment_lea repul NEI
March 2 De March March 2000

								· .					
	,	1	- November				Name: 🚣	Jare	-cl	Sp	W	<u>Alen</u>	<b>-</b>
			رك				Age:	26		Date:	12-	12-	05
			Eye&I . Manth	_									
		John F	R. Alway . Mitche	, D.O.			F	RIGHT	· s\	MBOLS	}	LEFT	
2598 Wi 351 N. Bufi 999 Ada 860 Se	Facial A ndmill Par falo Drive ms. Suite	Ear, A Plastic dult & I kway, He Suite B, 104, Bou	lose & T : - Cosm Pediatric	hroat etic Sur Allergy NV 89074 NV 8905	, (702) 896 15 (702) 2 (702) 896	-6043 55-6665 -6043 000	BC:UNM. M.	ASKED ASKED ASKED ASKED ASKED DUDNESS	∆ < BDISCO		BC:U	JNMASH MASH JNMASH MASH • R	KED [ KED >
TESTED BY:	Roger	Theoba	ld/M.S., o	CCC-A	⊡∕	Lisa	M. Kurak, M.A.,						
RE LIABILITY:	Exce	ellent 🗔	g Go	ood 🔲	Fair	☐ Poe	or 🗆		130	050	5/5/18	58	
•					AUDIC	OMETRIC	EVALUAT	ION	TH	ل <i>ر</i> يما .	, O		•
	F		ΓEAR ncy in H	Z			•			HT EAF			
250	500	1000	2000	4000	.8000	)	250	500	100	-		00 80	00
0	_				(	)	0					:	o
10						10	1,0		94				10
20	***************************************				2	20	20	1575			$-\frac{1}{2}$	<del>)</del>	20
30	<del>-   7</del>		_			30	300	)-43/					30
40	*	\ <del>\</del>		7	4	10	40 -						40
. 50		12-4		*	F	50	50						50
60	_				<del></del> ∤€	60	60						60
70					<del> </del> 7	0	. 70						70
80					ع ا	0	80						80
90						10 ·	. 90						90
100		$\dashv$				00	100						100
110 ac			T '-	]	1	10	110 Lac		T -		$\top$		110
hc	60	22	55	65	-		bc						
	<u>აუ.</u> dB	Speech	n Discrim	ination:	•		SRT_	10_					
AC Ave	· <u> </u>	dB <u>/</u>	<u>50</u> %				AC Ave	e	dB	100			
MCL			% UCL	@	dB	HL	MCL					dE	3 HL
Freq	250	500	1000	2000	4000		Freq	250	500	1000	2000	4000	
SISI%	%	%	%	%		V F%)	SISI%	%	%	%	%	%	9
MTDT				RE	<del></del>		MTDT						
REFLEX				DI	C 28	2005	REFLEX		· <i>,</i>				
OMMENTS	<del>-</del> -	<u>, , , , , , , , , , , , , , , , , , , </u>		Neva	da Con	npFirst-LV	,						
	~·												

P:1/3

# Request for Additional Medical Information And Release Form

(Pursuant to NRS 616C.490(3)) HD&5-XX/58 ARED. Injured Employee's Name: SPANGLER Claim Number: Social Security Number: Injured Employee's Address: Injury/Occupational Disease Date: WKNOWN EXACT Insurer's Name: \_ Insurer's Address: Employer's Address: 223 LEAD ST. 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) SCIGHTLY NOTICEASIE HEARING LOSE 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 surgerles, 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 Control of the contro

DEC 1 5 2005

Nevada ComnFireLI V

JD: 7408034

P:2/3

Jared 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: WKNOW	V Date of Injury:
Employer ADAM'S DRIVESHAFT	Body Part(s): THUM6
☑. Industrial ☐ Non-Industrial	Settlement/Amount Received: \$
MNKNOWN	
Attending Physician's Name/Addres	ss for above-captioned injury
	<u>,,</u>
Claim No:	Date of Injury:
Employer:	Body Part(s):
☐ Industrial ☐ Non-Industrial	Settlement/Amount Received: \$
	•
Attending Physician's Name/Addres	s for above-captioned injury
Claim No:	Date of Injury:
Employer:	Body Part(s) :
🛘 Industrial 🗘 Non-Industrial	Settlement/Amount Received: \$
Attending Physician's Name/Address	s for above-captioned injury
Claim No:	Date of Injury:
Employer:	Body Part(s):
☐ Industrial ☐ Non-Industrial	Settlement/Amount Received: \$
	The second section of the sect
Attending Physician's Name/Address	for above-captioned injury
n 1	,
Signature /	12/14/05
Signature//	Data ECEIVED
/	"ECEIVET
	Dro 4 =

DEC 1 5 2005

Nevada CompFirst-LV

Nevada

Jared Spangler HD0500158

December 6, 2005

HD05-00158

Have you ever filed a workers' compensation claim in this state or any other before?  Yes_XNo
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 M SETTLEMENT - WLY X-RAY PAID FOR
Thank you for your cooperation.  (Injured Worker's Signature)

RECEIVED
DEC 15 2005
Nevada CompFirst-LV

InSight Health Corp. 12.21/2005 6:07 PM PAGE 1/2 .ightFax

## PARKWAY

#### IMAGING CENTER

100 N. Green Vulley Parkway • Suite 130 Henderson, Nevada 89074 (702) 990-7419 • Fax (702) 990-7418

#### MOUNTAIN DIAGNOSTICS

800 Shadow I are I as Vegas, Nevada 89106 (702) 366-9700 • Fax (702) 366-0013

Patient: SPANGLER, JARED

DOB: 07/02/1979

X-ray No. 5219679

Date of Exam: 12/21/2005

Referred 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.

#### TECHNIOUE:

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.
- 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:

- 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.
- 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.

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

HMUZUUKS

RECEIVED

DEC 3 0 2005

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

Nevada CompFirst-LV

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

4100000188

RECEIVED DEC 3 0 2005

Nevada CompFirst-LV

SPANGLER, JARED
CRANIAL MRI, WITHWITHOUT IV CONTRAST, WITH ATTENTION TO THE TEMPORAL BONES
Page 2 of 2

THERIK YOU TO CHOOSHIE MSIGH Parkers I Magning Center



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

Toll Free: (800) 537-8378 Phone:

Fax

(716) 691-0091 (716) 691-0466

www.lmmcodiagnostics.com

# Laboratory Report

Accession Number: 05-19141 Date of Specimen:

12/27/05 12/29/2005

Date Received: Date of Report:

1/4/2006

Address:

Quest Diagnostics Lab

Lab Services

4230 Burnham Avenue Las Vegas, NV 89119

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.

Name of Patient:

Spangler, Jared

Patient ID;

Date of Birth:

7/2/1979

Sex:

М

Race:

not provided

Serology Results:

Result:

Unit:

Anti-68 kD (hsp-70) Antibodies\*

Negative

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 Laryngosope 109: 1769-1999).

4100500128

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

RECEIVED

JAN 1 9 2005

Nevada CompFirst-LV

# ast Name Spangler First Name Jared ocial Security Number ex DOM OF late of Birth 07/02/ 79 Specimen Date 12/27/05 treet \_ ephone ( ≥st Name First Name SPECIMENS SENT THROUGH QUEST DIAGNOSITCS. SEND A COPY OF RESULTS TO QUEST DIAGNOSTICS. LAB SERVICES. 4230 BURNHAM AVENUE LAS VEGAS, NV 89119 lephone mail nd Bill to: UPatient □insurance □ Doctor □ Lab ution: Provide complete insurance Information or send photocopy of patient's rrance card. Failure to do so will result in direct patient billing. Medicare No. if applicable \_ Name/address of Insurance \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State\_\_\_\_ZIP Telephone ( ) nsurance ID# and Suffix ₹roup# \_ CD-9 Code \_\_ Io Insurance, bill patient directly REQUEST ADDITIONAL MATERIAL

Y/ SPECIMEN
For anti-68 kD (hsp-70) antibody and allergy to
collect 5 -10 ml of blood in red top or serum separator to possible, separate serum from clot and place serum in orang
provided. Do not punture top of orange tube, if separation fa
are not available, the blood can be sent in the tube used for colli-
For genetic testing, send in a spandler. JARED plood in 2 lay purple top tubes \$1177070* SPANGLER. JARED plood in 2 lay rature.
For B2 transferi
597-8378 for the if required.
01177070
TEST.
Code Description
I: Autoimmune Hearing Loss .
370 Q 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
1003 ANCA - anti-neutrophil cytoplasmic antibodies
008: D Ahti-Phospholipid/Cardiolipin (APL) antibody level; IgG, IgI
911 □ Rheumatold Factor (RF) level; IgM, IgA & IgG 914 □ Circulating Immune Complexes (CIC) level
015. ☐ Anti-Collagen Type II antibody level
11: Allergy 4D0500158
461 D Food Screen
480 🛘 Milk-Allergy Analyte (cow's milk IgE)
inquire about other allergy tests
II: Genetics: Non-Syndromic Hearing Loss
345 🖸 Connexin 26 (Cx26)
346 🛛 Mitochondrial A1555G mutation
V:CSF Otorrhea/Rhinorrhea
241 🛛 B2 transferrin (perllymph) inner ear fluid and serum
be sent in separate tubes (label tubes accordingly)

# SHIR TO OTOMMUNE DIAGNOSTICS

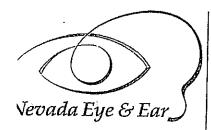
#### Pack Specimen Collection Kit using the following proces

Place tube(s) into styrofoam case, positioning absorbent paper above and below tube(s). Slip styrofoam case into sealable pl bag and insert, together with completed Test Request Form, shipping box. Tape end flaps and ship via one of the carriers be

US Postal Service: The first class prepaid mailing kit ca dropped into any US Postal Service mail box.

Overnight Courier Service: Please follow Instructions contain the Specimen Collection Kit and send to:

RECEIVED Diagnostics
IAN 1 9 2098 For No. 1 (200 200)



PHTHALMOLOGY ye Physicians & Surgeons

udy R. Manthei, D.O., F.O.C.O.O. edical Director Ophthalmology

ouglas C. Lorenz, D.O., F.O.C.O.O. phthalmic Plastic Surgery stractive Cataract Surgery

homas F. Kelly, M.D. omprehensive Ophthalmology fractive Cataract Surgery

Ien Hatcher, Jr., D.O., F.O.C.O.O.

imprehensive Ophthalmology

oward N. Straub, D.O., F.O.C.O.O. ISIK & PRK Refractive Surgery traocular Lens Implantation

argaret S. Lanard, M.D. imprehensive Ophthalmology

TOLARYNGOLOGY r, Nose & Throat Surgeons

ott E. Manthei, D.O., F.O.C.O.O.
dical Director Otolaryngology
ergy & Sinus

hn R. Alway, D.O., FO.C.O.O. mprehensive Otolaryngology ergy & Sinus

an E. Mitchell, D.O.
ial Plastic & Cosmetic Surgery
east & Body Sculpting

#### 0 0 O

2598 Windmill Parkway Henderson, Nevada 89074 860 Seven Hills Drive Henderson, Nevada 89052 351 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 #HDXX-00168

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 concerninvolving 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.

Singerely,

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

cc: Nevada Comp First

RECEIVED FEB 0 7 2006

Nevada ComplFirst-LV



OPHTHALMOLOGY iye Physicians & Surgeons

R. Manthei, D.O., F.O.C.O.O. dedical Director Ophthalmology

Jouglas C. Lorenz, D.O., F.O.C.O.O. phthalmic Plastic Surgery efractive Cataract Surgery

homas F. Kelly, M.D. omprehensive Ophthalmology efractive Cataract Surgery

len Hatcher, Jr., D.O., F.O.C.O.O. omprehensive Ophthalmology

oward N. Straub, D.O., F.O.C.O.O.
ASIK & PRK Refractive Surgery
traocular Lens Implantation

largaret S. Lanard, M.D. omprehensive Ophthalmology

TOLARYNGOLOGY

IT, Nose & Throat Surgeons

ott E. Manthei, D.O., F.O.C.O.O. edical Director Otolaryngology lergy & Sinus

hn R. Alway, D.O., F.O.C.O.O. mprehensive Oiolaryngology ergy & Sinus

an E. Mitchell, D.O.
ial Plastic & Cosmetic Surgery
ast & Body Sculpting

0 0 0

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

8 6 6

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 Al20 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 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 0 6 2826

Mauada CamaEirat I V

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.05.00188

RECEIVED

MAR 0 6 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,

Account Executive

cc: City of Henderson

Dr. Scott Manthei

File



# City of Henderson



240 Water Street	all Earning Camin
Henderson, Nevada 89015	
Name [Last, First, Middle)  SPANGLER, JARED, FLOYD  Address	Sex Date of Examination
4130 ARTIST CT	Age   Date of Birth
Grganization/Employer  A P. O.	Occupation P.O.
	7.0.
Audiometric	C Results
Gregueneran Berzelza andre and	Erequency in Heriz (Hz), Left Ear
500 1000 2000 3000 4000 6000 8000 5	00   1000   2000   2000   4000   6000   8000
251201015120120130 3	0135 130 130 140 150 150
	•
Average of 2K, 9K, and 4K Results:	Average of 2K, 3K, and 4K Results:
Otoscopic Examination Recommendation	
a legge	
Normal   Medical Refe	erral
Appearance Retest Recommend	ed
or Debris Complete Audiogram	
Abnormal Appearance	
Audiometer   Serial Number	Calibration Date
GRASON-STADLER 5236	4-22- <del>02</del> 2003
REGISTION MINICONTRICE CONTRACT	2/188.03
Please sign one copy of this form as acknowledgement of receipt in	rom your employer.
Employee's Signature	- Daile
1 1 Bail	Received



# City of Henderson

240 Water Street

Henderson, Nevada 89015



Name (Last	First, Middle	e)				·						
	ANGLE		AREI	n .		10		Sex	M	Date	of Examination	
Address		-1,-11			-CO>	<u> </u>				-	7/22/04	<u>/</u>
41.30	) All.	[157	CT	LV.	ارازار	891	15	Age	25	Date	of Birth	1
. Organization,	/Employer	^			7-6/	200	<u> </u>	Occur			7/2/17	
<u> </u>	14 PL	)					•			-1.7	- 1- ~	
			<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1000	CE	OFFIC	GR
100 A				Auc	llom	etric	Resu	ılts		-		
Frequ	ency ir	i Heri:	z (Hz).	Righ			Fregr	ienes		211	(Hz), Lefi	
500 1000			4000	6000	C		1000			1112	non ennn	1. C.
1.	<del></del>			0000	_	ממלי			· PROMO		DOO! COAN	indua i
	J					•	ration	Data	1166 - 144 -			
	-					Cal 1Ph	ation [	Due Da	te 04/	14/0	)5	
	Average	of 2K	3K		_	Test: SS# (	ບ57 ໃນ <u>ປ</u> ຸປປິ000		: 07∕29 ob ID:		Time 07	:58
	Average and 4	K Res	ults:		_		SY	)	10.	1.	4.1	
			٠.			Pati	An	MGI	-en	400	Llos	
Otosco	pic Ex	amina	tion	Reco		, <b>"</b> ;		Le	ft C	/. Righ	ŧ.	
Right	eft			TICCO	' <b>1</b>	Ծնն H:	u.idity			15	•	
		A 1		17		1000 H:	z	30 40		20 20		
		ormal opearan	ce	-2	-	:000 н; - МОМ н;		40		10		
	-	cessive	-			id Ha	;	40 60		15 05		•
	or	Debns	vvax		-	300 Hz		70	. 5	55		•
	Ah	normal			•	100 112		55	4	10	D = 0 =	
	— Apr	earanc	e	٠.		1 -	· · · · · · · · · · · · · · · · · · ·				HEUE	IVED
	•										NOV 7	- 2005
						•			_		Nevada Co	mdEirat 11
	•						1				:	mpriisi-LV
•							<del> </del>				· · · · · · · · · · · · · · · · · · ·	
Audlometer	<u> </u>		<u> </u>		Serial N	Total State						
lepter a Name		·	×						Callbrai	don Da	ite	7
777	actor	-44	TXIB	$\bigcirc$	Joaner's	Signature			Test Dat	e and	Time	-
1 100			<u> </u>	$\subseteq$					<u> </u>			
lease sign one	copy of	this forn	as ackn	owledge	ement	of receipt	trom you	r empic	yer.		*	
Employee's Sign	ature	1						<u> </u>	Date			7
. //	1	/ ·		•	ı	•	•		1	_	n .	
	17	16					•		/	م کی	2.04	l

H OD-5 (12/97)

→ NEV COMPFIRST

Ø008



# City of Henderson



neilderson, Nevada 89015		
Name (Last First, Middle)		
SPANGLER JARED =	Sex	Oate of Examination
Address	- Com	7/6/05
3550 T 1M21 5	. Age	Date of Birth
Organization/Employer	. 1 20	10/00
	Occupation	1/2/19
CITY OF AEVOLESON		
C. OLY COP	POLICE	E OFFICER
Frequency in Heriz (Hz), Right Ear	ric Results Frequency in He	riz (Hz) Left Far
500 1000 2000 3000 4000 6000 8000	Englysse	
	500 1000 2000 3000	4000   6000   800g   ·
		1 1, 1
• •		
Average of 2K, 3K, and 4K Results:	Average of 2k and 4K Res	C, 3K, suits:
Otoponia Fuer de	AMDU	
Otoscopic Examination Recomment  Rigiti Left  Normal Medica  Appearance Retest Recomment  Excessive Wax or Debris  Compli	Calibration Date Calibration Due Da Test:071 Date SS# 000000000 Ju Patient	1 04/07/05
Audiog	Frequency Lef	t Right
Abnormal	K/3(1 1)	15.
Appearance	1000 Hz 45	20
	2000 Hz 45	15 05
	ԾԱՍՄ Hz 🙃	
	4000 Hz 55 6000 Hz 55	器ECEIVED
	PARA II	45
	65 65	40 NOV 7 - 2005
Audiometer	Examiner	N
Serial N		Nevada CompFirst-LV
Tester's Name		
Muchina (16) Title Tester's Sign	atture Test Date	and Time
Please sign one copy of this form as acknowledgement of real		
Employee's Signature	seipt from your employer,	



COH OD-5 (12/97)

# City of Henderson

Henderson, Nevada 89015



:: I

	ALTERNATION OF THE PERSON OF T			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aua o	2010					
Nam	e (Last, Fil	st, Middle)	<del></del>					-1			
}		SDAN	6150		27	,		Sex		ate of Examination	
Addr	ess	٠٠٠ احت	ocoa,	JARE SUA	<u> </u>	<u>F.</u>		In		8/17/06	
	366	54 <del>-7</del> .		بساد	,	٠	•	Age	D	ate of Birth	
Orga	nization/En	nolover	XN DKH	SWA	·//		·····	27		7/2/79	
		•	<u>.</u>					Occupati	ion		
L		C//	Y o	F HEA	WERSO	on		Po	UCE	OFFICER	
					Aud	liomet	ric Resi	ilte			
									201000000000000000000000000000000000000	OSTANOS UNIDADAS CONTRACTOR	antenna karinga
			i je gr	2(E))	ileli	1=77	FIE		in Her	fz(fz).Left	
500	1000	2000	3000	4000	6000	8000	Technical Manual Manual Control		A SECTION OF THE PROPERTY.	4000 6000	A 100 S 15 S 15 S
						1 0000	1000 11000	12000	13000	1 4000   6000	18000
						_				<i>1</i> 5.)	
			· · · · · · · · · · · · · · · · · · ·	<del></del>	ــــــــــــــــــــــــــــــــــــــ	• Ca. ^-):	libration D	enanga ngay	رون درون در ماری درون	os: m s r	
				г			teration D t :025		- 94795. 1371 770:		91
	į.	verage	of 2K	, зк,		88#			.lD:Ą≜;		<u>~ 1</u>
		ang 4	K Res	ults: L			~	. ^		pangle	
						Fat'	iont		<u>``</u>	pungio	
O:	toscoi	pic Ex	amine	ation	Doo.	Free	เมษกอย	Loft	Ris	ntn t	
			ecti iii 10	ztiO11	Rec	1000	3 Validits	24. (	20	5/10	
	igni						Hz	45	25		
1220	2	N	lormal				i Hz Hiz	5D 55	20 10		
		A	ppeara	nce			Hz	69	25	•	
	- 1	F	xcessiv	a \4/av		100	h'z	55	35	•	
			r Debris	e wax	1		Hz	70	50		
			r		L	ΠÜ	Hz	70	45		
			bnorma ppearar			Exam	iner				
	3		7500.00		r .					<del></del>	
	20/2			- T	10		•				,
,	2012			フィ	, ,		}				
M	SO 1	حر		PV 7 1	10		;				
olo.	کی ۲	NL		/ '	سسس		L				
	meter		·	·							
Audi	nielel					Serial Nu	mber		Calibra	ation Date	
Teste	rs Name			Title		Testers	Signature	<del></del>	Test D	ate and Time	
IK	CKOR	etric	Ċ.	1000	& Coa		12		57		
	,			•	•			-5	<u> </u>	1109	
			of this f	orm as a	cknowle	edgement o	f receipt from	youremp	oloyer.		
Emp	loyee's Si	gnature /	_		· <del></del>			·	Date	<del></del>	
	/			,							
	Ar	K	1	u A		•			8	by/cc	
	<del>~/~</del>		77	<del>/ / /</del>					_	11 ~ 6	<b>—</b> (

02/16/16

Received



# City of Henderson 240 Water Street - \*O Box 95050 Henderson, NV 89009-5050

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle)			Heari Examinatio	ng n Form
•	Sex	Date of Examinat	ion	
SCANGLER, JARED F.	m	8/1	3/07	
	Age	Date of Birth	<del></del>	
Personal Physician's Name	35 38	7/2/-	79	
DR. KILPATRICK	Occupation			<del></del>
- CHAMPAICE	POLIC	E OFFI	CER	
Audiometr	ic Results			
Frequency in Heriz (Hz), Right Ear				
00 1000 2000 0000		evan Genz (G	D) Leinen	
00 1000 2000 3000 4000 6000 8000	500 1000 200	00 3000 40	000 6000	8000
				<del></del>
Average of 2K, 3K, and 4K Results:	Average of	2K, 3K,		
did 410 Results:	and 4K	Results:		
			-	
Otoscopic Examination		Remarks		
				<del>-</del> -1
* Ca. : :	oration pate U4.	/U5/06 by:	m s r	ł
Normal Appearance Calib	ation Due Date	04/05/07	•	
		3/13/07 T lD:Aaqe	ime 07:00	
Abnormal Appearance aties	1t)(e	10d5	pengler	
······ ···	······································		1 0	
Freque 1000 V	ncy Left alidity	Right 25		
KECOMMENDATIONS 500 H	z 40	25		1
1000 H	~~	25		
Medical Referral 3000 H	z 55	15 30		- 1
Retest Recommended 4000 H: 6000 H:	c 60	30		
8000 H		55 55		
Complete Audiogram. Examine	2 p²			
9neter				<b></b>
er's Name	1	. 1		7
with Good Phy Cool Te	ster's <del>Signo</del> ture	Test Date a	クスコ	
Please sign one copy of this form and submi	t it to your employ	er or organiz	ation	
oyee's Signature	<u> </u>	Date /	4	
and the same of th		8/12/	. —	1

Received



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

Firemen And Police Officer's

												Еха	Hearin mination	
Name	(Last, Firs	t, Middle)			•	<del> </del>		Sex		Dat	e of Exami	nation	···	
	SPAM 555 50	WER,	JA	RED	/Ξ.				m		8/4	18		
Addre	:55					<del></del>		Age		Dat	e of Birth			
132	5 <i>5</i> 0	TUN	DRA	SWA	マラマ				29		7/	a/7:	<del>j</del>	
	nal Physicia							Occu	pation			_/ / /		
						·				DL10	6 (	SFFIC	ER	
					Д	Audiomet	tric	Resul	ts					
	. Gregg	enevii	Heir	(42) R			ļ		Jaren .	nanau		4(GD)		
500	1000	2000	3000	4000	6000	8000	-	500	1	2000	1	3000111	**********	
		1000	-	4000	0000	8000		300	7000	2000	3000	4000	6000	8000
		<u> </u>	<u></u>				ĺ	L		<u> </u>	<u> </u>		<u></u>	
А	verage and 4	of 2K, IK Resu						i	Averag and	e of 21 I 4K Re				
		Otosco	pic Exa	minatio	n		>_ 1	* t				الراجة الأمام	e a	
CASTA PARAMETER	कार्य । रिक्टाक्टरकार	insserva insserva	•				oar Hili	ibra: brati	ion Du on Du	Jate ( Bati	1/19/0 e 11/1	)7 69∶n 8∠08	ารห	
	i lei					:	÷5.€	:189	)	Date:	08/04/	O8 1	ime ()	8:4:
4-2-2-		Noc	mal Ap	nearan	20	:	5#	uuuu	เถตติดอ	Jol	A:di =	<u> </u>	Λ	•
	<del></del>		•	•		ē	etie	ent	<u> </u>	الما	<u> </u>	20Ca	ull	
	_	Exc	essive '	Wax or	Debris				•	7 0.	_	4	1	
	1	Abr	normal /	Арреага	nce			ency Vaii		Left	: R 2	isht s		
						5	00	Ηz		35	5			
						Į,	i O	Hz Hz		45 45	20	-	VdI	
		R	ECOMN	MENDA"	TIONS		JÜ	H7.		55	15 30		ST209	
	<del></del>						90 00			55	40	,	-004	
	Medi	ical Ref	erral				00 00 :			70 60	60 50			
<del></del>	Rete	st Reco	mmend	ed		Exa	5.m i 1	10K						
	Com	plete Ai	udioara	m							<del></del>			
	المروم ال	p.000 / 11	adiogra	.,,										
Audiom	eter	1	·				Ser	ial Numb	er		Call	bration Date	2	
Tester's	Матре I	200	7 7	(P)	100	. 1	Tes	ter/s Sign	nature		Tes	Sole and	Time	
	Plea	sesign	one/co	py of t	his forn	n and sul	bmil	it to	your er	mplove	er or or	<u> </u>		
Employe	e's Signatu	<del></del>							<u> </u>	1 - 7	Date	8//8	//08	,
		ff. "	<del></del>	1-1-1					2011/04		1	_/_/		

Received



# City of Henderson 240 Water Street 130 Box 95050 Henderson, NV 89009-5050

Firemen And
Police Officer's
Hearing
Examination Form

Nome (Cast, First, Middle)	Sex	Date of Examination
SPANGLER, JARED F.	m	
Address	Age	Date of Birth
3550 TUNDRA SWAN, LV, NV, 89/22	70	7/2/79
Personal Physician's Name	Occupation	
	Po	LICE OFFICER

			100100	OFFICER	
	Audiom	etric Results			
500	Frequency in Hertz (H2); Right Ear 1000 2000 3000 4000 6000 8000	500 1	Subject Inform SSN Stants In Program Language	nation: Active Yes English	8000
A	verage of 2K, 3K, and 4K Results:	J   [A\	Most Recent T Date, 7 2-1-200	est:	
Rich	Otoscopic Examination  Tell  Normal Appearance		4K oK 8K Examiner Modelt Scriat	55 40 60 50 98 50 Wext 25654	
	Abnormal Appearance		Baseline: No Baseline Current Analysi	5 7 2009 NSI \$3.6-1989	
	RECOMMENDATIONS		JSHA STS (Age Concored).	<u>i.elt Right</u>	
	Medical Referral Retest Recommended Complete Audiogram		Possible Reo Shift .5,1.2,3K Avg: 2,3,1K Avg: AAO - 1979;	No No 52 52 56 28	
udiome	eter	Serial Numbe	Enaminer	Date	
ster's	Name of Title May Con	Tester's Sigr	Subject	Date	
	Please sign one copy of this form and s	submit it to	····· ········· }		
, ,	e's Signature			Date 7/24/09	
00-5	(rev. 7/99)	Rec	eived		

2

Firemen And Police Officer's Hearing Examination Form

		[	Examination	on Form	
16 (Last, First, Middle)  SPANGLER TARFO	Sex	Date of Examination	1		7
ress	Age _	7/2	2/10		]
SPANGLER, JARED  TESS  3550 TUNDRA SWAN ST.	1531	Date of Birth	2/79		
onal Physician's Name	Occupation		<del>/</del>		
	-1	POLICE	OFFICER	? -	
Audiometri	c Results				
	500 1000 20	Subject Informa SSN Status In Program	No	rave Yes	
Average of 2K, 3K, and 4K Results:	Average o and 4I	Recent le	, ime - 12:2	48:26	L 45 45 65 75 65
Otoscopic Examination		- 		50 40	55
Normal Appearance  Excessive Wax or Debris  Abnormal Appearance		el. 88 Emarcost Model von		Nexi 5654 2010	13 65
/ Asilonnial Appearance		Baseino Nella			
RECOMMENDATIONS		Corem vantes	તેક. દૂર્શ	<u>Ri</u> ght	
Medical Referral		nydrych Cydraf	No	No	
Retest Recommended		्रक अं <b>व</b> री	No	No os	
Complete Audiogram		ECMI Avg	5() 55 ()00	25 28	
	ial Number ster's Signature	· Var	ecl	Date v	
Please sign one copy of this form and submit	t it to your employ	· }			
ee's Signature	Received 02/16/16	10010 7/2		1	

Firemen And Police Officer's Hearing Examination Form

amp (Leas Plan Allan)			Examina	aring tion Form
ame (Last, First, Middle)	Sex	Date of Exami	nation	
SPANGLER, JARED F.  GEO TUNDRA SWAN ST.	n		11-1/11	İ
CED THE MODAL TO A	Age	Date of Birty	1 1/	
rsonal Physician's Name	1 32	2 7/	2/79	ļ
roomer rysician's (vame	Occupation	n //		
	PC	ILICE OFFICE	ER	1
Audiomo	tric Results			
	i management	CITY OF HENDE	8 11/2011 ERSON	
Frequency in Heriz (HZ), Right Ear		Subject Information:	<del></del>	
0 1000 2000 3000 4000 6000 8000	500 10	SSN Status:	Active	2200
		In Program:	Active Yes	8000
		Language:	English	
		Most Recent Test:	<del></del>	<del></del>
Average of 2K, 3K,	Ave.	Date: 8/11/2011 Ti	me: 9:08:33	
and 4K Results:	1	<u>Left</u>	<u>Right</u>	
· <del></del>		500 40 IK 50	25	
Ohanau's W		2K 50	25 15	
Otoscopic Examination		3K 60	30	
		4K 60	40	
it left.		6K 65	55	
Normal Appearance		8K 55 Examiner:	55	.
		Model:	Next	)
Excessive Wax or Debris		Serial:	25654	
Abnormal Appearance		Cal:	4/19/2011	
/ Ishormal Appearance			NSI 53.6-1989	1
		Baseline: No Baseline		
RECOMMENDATIONS		_	<del></del>	
		Current Analysis: Left	Right	
Madiant Dus		OSHA STS	IORIII	ĺ
Medical Referral		(Age Corrected): No	No	
Retest Recommended		Possible Rec Shift No		
<del> </del>		Rec Shift No .5,1,2,3K Avg: 50	No 23	ľ
Complete Audiogram		2,3,4K Avg: 56	28	
ng to r		AAO - 1979;	60.0	
neter	Serial Number			
's Name Title	Tester's Signaturi	Examine	Date	
The state of the s		Subject	Date .	
Please sign one copy of this form and subn	nit it to you			
In I Am	;	Subject Test	/	
5 (rev. 7/99)			17/11	
		ceived	<del></del>	<del></del>
	በኃ	/1 <i>R/</i> 1R		

Firemen And Police Officer's

	Hearing Examination Form
First, Middle)	Sex Date of Evamidation
SPANGLER TARED	Dote of Examination
SPANGLER, JARED 13590 TUNAA SUAN ST.	Age Date of Birth
73550 TYNAA SWAN ST	33 1/2/79
Personal Physician's Name	Occupation
	POLICE OFFICER
	TOTICE OFF TOLK
Audior	metric Results
Frequency of Henry (Hz)) Right Ear	Frequency in Hertz (Hz), Lert Ear.
700 4000	
200 200 400 8000	500 1000 2000 3000 4000 6000 8000
25 20 10 30 40 45 65	1 49 50 55 65 65 65 75
Average of 2K, 3K, and 4K Results:	Average of 2K, 3K, and 4K Results:
Otoscopic Examination	Remarks
	?u?n?Coo 2000 Serial# 3390
Rights Left	Calibration Date 02/23/12 by audmed
Normal Appearance	Calibration Due Date 02/22/13
	Test :000 Date 08/13/12 Time 14:10   SS# 000000000 Job ID:>920
Excessive Wax or Debris	1522612
Abnormal Appearance	Patient 7 COS )
	Frequency Left Right
	1000 Validity 20
RECOMMENDATIONS	500 Hz 45 25
	1000 Hz 50 20 2000 Hz 55 10
Medical Referral	3000 Hz 65 30
Wiedicar (Vereita)	4000 +Hz 60 40
Retest Recommended	6000 Hz 65 65 8000 Hz 75 65
Complete Audiogram	10 00
- John piece Addiogram	Examiner
Audiometer h 1 1 2 c 3	Serial Nuroper) (11) Calbration Cate
AMBCO	Serial Nuropert (1) Calbration Case (2)
Tester's Name AUX NOVEWO Title MA	Toster's Signature
	Tester's Signature Test Date and Time
	ubmit it to your employer or organization.

Received 02/16/16

<b>*</b>	*
I	
	Firemen And
	Police Officer's Hearing
Name (Last, First, Middle)	Examination Form
Spangler Taxad	Sex Date of Examination
Spangler, Jared Address 3550 Tundra 5'wan	m 7.29.13
Las Vacces Nil Sain	Age Date of Birth
Personal Physician's Name Physician's Name	34 7.2.79
N/A	Occupation P.O.
Audiometri	c Results
Frequency in Heriz (HZ) / Right Far	ENVIRON FACTORIES
00 1000 2000	
300 2000 3000 4000 6000 8000	500 10 Date: 7/24/2013 Time: 7/08-11 8000
	Date: 7/24/2013 Time: 7:08.44 8000
	500 40 35
Average of 2K, 3K,	2K 55 26
and 4K Results:	AVI 3K 65
	4K 60 45
Otosopolo F.	8K 60 65
Otoscopic Examination	Examiner: Model:
ight. Left.	Serial: Next 25654
	Cal: 4/12/2013
Normal Appearance	ANSI 53.6-1989
Excessive Wax or Debris	Baseline: No Baseline
l i	Current Analysis:
Abnormal Appearance	Left Right
	(Ass Company)
RECOMMENDATIONS	Possible No
	Rec Shift No No
Medical Referral	.5,1,2,3K Avg: 52 30 2,3,4K Avg: 60 35
	AAO - 1979: 13%
Retest Recommended	
Complete Audiogram	Examiner Date
iometer	Subject Date
Se	nai Numbi
ter's Name Title Tes	ster's Signature Test Date and Ti
Please sign one conv of this form	Test Date and Time
Please sign one copy of this form and submit	t it to your employer or organization.
1/28 /	Date
DO-5 (rev. 7/99)	7.29.13

43

Firemen And

	•		Police Off	
			Hearin	ıg_
Vame (Last, First, Middle)			Examination	Form
, modile)	Sex			<del></del>
Spangler, Jared Address 3550 Tundra Swan Las Vegas NV 89122  ersonal Physician's Name	1	Date of Examir	ration	
Address 3550 Tuna	- $M$		8.7.14	
1010ra Swan	Age	Date of Birth		
James 184122	35	ł .		
rersonal Physician's Name			7.2.79	i
	Occupation D	0		
	1 -	O		
Audiom	etric Results			
	eare results			
Frequency in Hertz (Fz), Right Ear		111 To 12 To	••	
	Frequ			
0 1000 2000 3000 4000 6000 8000	-	Most Recent Te	ıst:	
3000	500 1000 :	Date: 7/31/2014	4 Time: 7:29:39	100
			Left Right	
	·	500	50 30	
•		ικ	55 30	
Average of 2K, 3K,		2K	65 25	
and 4K Results:	Average	3K	б5 <b>4</b> 5	
	and	4K	65 50	.
		óΚ	80 65	
06 1 "		8K	75 55	
Otoscopic Examination		Examiner:		
Resident in the second of the		Model: Serial:	Next	
gn. etc		Cal:	25654	
The state of the s		Citi.	4/ 9/2014 ANSI S3.6-1989	~~~
Normal Appearance			74151 55.0-1959	j
Normal Appearance		Baseline:		
Excessive Wax or Debris		No Baseline		ĺ
		Current Analysis	· · · · · · · · · · · · · · · · · · ·	i
Abnormal Appearance			Lett Right	
		OSHA STS		
"Has continued Audiology Care."		(Age Corrected):	No No	[
Audiology, Carp		Possible		1
RECOMMENDATIONS			No No	1
RECOMMENDATIONS  1945 Contine			58 32	- 1
		2,3,4K Avg:	65 40	
Medical Referral Juling Curs		AAO - 1979:	17%	ł
Retest Recommended	•	E		Ī
į l		Examiner	Date	
Complete Audiogram		Subject	Date	
meter	Serial Number	<del></del> .		
's Name	Schol Nontber	Calbra	ation Date	
Title	Tester's Signature	Tocs	Date and Time	
Please sign one copy of this farm	1			
Please sign one copy of this form and su	bmit it to your emp	loyer or oraz	nization	
Ren	ceived	Date		
02/	16/16	\$ 5X	7.14	1
8 (rev. 7/99)	10/10	1 3	1.14	J

To the second se		
1 A		
	(ـــُ	
		Firemen And
		Police Officer's
		Hearing
Name (Last, First, Middle)	· .	Examination Form
	Sex Date of	Examination
Spangler, Jared	M	<b>.</b>
Address 3550 Tundra Shan St	Age Date of	8.13.15
Personal Physician's Name / NV 89122	36	birti -
Personal Physician's Name	Occupation	7:2.79
	Occupation	
		0
Audiome	etric Results	
Frequency in Herrz (Hz), Right Ear	l Esperanti	
	Language.	English
500 1000 2000 3000 4000 6000 8000	Most Recent Te	
	500 1 Date: 8/11/201.	0.0.0.0.4
	500	Left Right 45 30
	1K	45 30 <u>1</u> 55 25
Average of 2K, 3K,	2K	60 20
and 4K Results:	<b>A</b> 1 3K 4K	65 45
	6K	65 45 70 60
	8K	70 60 65 50
Otoscopic Examination	Examiner:	55 30
Transported Medianaguan	Model:	Next
RCM I CA	Serial:	25654
		4/ 8/2015 ANSI \$3.6-1989
Normal Appearance	Baseline:	
Excessive Wax or Debris	No Baseline	·
	Current Analysis:	
Abnormal Appearance	L	eft Right
	OSHA STS	
	(Age Corrected): p	No No
RECOMMENDATIONS	Possible Rec Shift	Ta
	.5,1,2,3K Avg: 5	No No .
Medical Referral	2,3,4K Avg: 6	
	AAO - 1979:	14%
Retest Recommended		
Complete Audiogram	Exeminer	Date
Land Tampieco Audiograffi	Subject	Det
Audiometer		Date
	Serial Numb	2101/0141-1610-21/19
Tester's Name Title	Tester's Signature	Test Date and Time
Please sign one conv of this form	<b>\</b>	
Please sign one copy of this form and su	omit it to your employer o	r organization.
1. 11	Dal	te
orm 00-5 (rev. 7/99)		8.13.15
Rece		
02/16	R/16	



Las Vegas Office 3120 \$ flainbow Blvd Ste 202 Las Vegas, NV 69146

p: 702.233,4327 f: 702.233,8837

Henderson Office 2642 W Horlzon Aldge Ste A11 Henderson, NV 89052

p: 702.999.9102 f: 702.933,9108

Aliante/Contonnial Office 6475 N Decalur Blvd Sta 125 Los Vagas, NV 69131 p: 702,933,0103

p: 702.933.9103 f: 702.933.9104

Sun City/Summerlin Office 9430 W Loke Mase Blvd Ste 11 Lae Vegas, NV 89134 p: 702.527.6066 f: 702.527.8088

AudlayCertifled

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 Conscrvation 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 car and a clear left external auditory canal. The cerumen in the right car was removed without incident prior to all testing. Tympanometry revealed normal, Type A, tracings bilaterally, suggesting normal middle car function and tympanic membrane movement. Distortion product otoacoustic emissions in the right car were present 1.5-3k Hz and absent 4-6k Hz, and for the left car 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 car, and a mild sloping to severe sensorineural hearing loss in the left car with a notch present at 6k Hz. Word recognition scores in quiet were 100% and 72% for the right and left cars, respectively, at a normal presentation level in the right car, but an elevated level in the left car.



Les Veges Office 3120 3 Asinbow Bivd Sto 202 Les Veges, NV 89146

p: 702,233,4327 f: 702,233,8837

Henderson Office 2642 W Horizon Pirige Ste A11 Henderson, NV 89052

p: 702,933,9102 f: 702,933,9106

Allents/Centennial Office 0476 N Decolur Blvd Sto 125 Las Vegas, NV 89131

p: 702.933,9103 f: 702.933,9104

Sun City/Summerlin Office 9430 W Lako Mend Bivd Ste 11 Las Vegas, NV 89134

p: 702.527.6066 f: 702.527.6068

AudiayCertifled.

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.

**(ΦΙΟΛΩΙ**Υ, <u>ΩΩΩ</u>Ι

## AUDIOGRAM

AudigyCertified

PURE TONE AUDIOMETRY (NE: ANSI 1996)	Practice: Anderson Autobay Location: Henderson Name: Lared Spangler Date of Birth: 7/2/79
250 - 500 - 1000 - 2000 - 4000 - 1000	Name: Wared Spanaler Date of Birth: 7/2/79
	Referred By:
	1.1.
	Test Interval: Date of Test: 2/5/11/
10	Let Seed High
	TYMPANOMETRY (226 Hz)
	J BONE-MASK C
	L UCL R
y 50	SOUND FLETO'S TYMP PEAX PRESSURE (DAPA) - 5 ()
	Tumirus - 1: SYATIC ADMITTANCE (MMH20) 1. 22 0.93
HEARING LEVE (ND BC/BELS (48)	Test Type.  Standand CAE: X  Play  Tymp Width (DaPa)  78  92
	CORVA
** 'xo	TRANSOUCER
H .90	THERET X A E CINCUMAURAL X
100	Sourio Fig. 0
	Executor Pressure Pressure
110	FAR CONTRA' SKHZ TKHZ ZKHZ 4KHZ 4KHZ 4KHZ 18 HZ ZKHZ KHZ 4KHZ
120	BOOTH (physical)
	(phaneau) (posteroi)
Frequencies, IN: H2	#4 Middle Ear Analyzer
SPEECH AUDIOMETRY  SPEECH Speech MCI	101
PTA SAT Recongultion Reconguition MCL	UCL OTOACOUSTIC EMISSIONS (OAE:)  EMISSION TYPE USED TEST TYPE PERFORMED
100 25 30 100% 65 % 65 1	Transient OAE Complete
Masking 100% 70	OAE Screen  OAE Results:
(AS) 52 65 72 69D % 9D	05 Right Cor Present 1.5-3k the Absent whole the
Masking	Left Ear Alosent 1.5-6k. Hz
MIN CD/tope M-32 MIN) BRK SPECIAL: SPECIAL	OAE Unit
TINNITUS EVALUATION	HEARING INSTRUMENT INFORMATION
Mort	BHL RIGHT INSTRUMENT:
LCF1 F7/ND LITE	dBHL OTOSCOPY: Semi-ordisard 10: AS closer
BINAURAL	cerumen removed from the prior to
HYPERACUSIS: YES / NO CATEGORY: 0 1 2 3 4	
History Impressions, Recommendations: 1. YEAR TO	re has already had an HRI to lonk cut
the left or	dry policition in noise, annual audionetric
- lesting to monitor hearing	
Audiologist Works Bloke Mile. Assistan	nt; Audiometer;



### Human Resources Department/Risk Management Division

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

	EW	PLOYEE TO COMPLE	TE SOLUTION OF THE SECOND	
Employee's Name	: Jared Spangler		Employee Numbe	
	25/03-arrent	Date	of Current Visit: 2/5/	10
	vork day? □ Yes 🕱 No			
	HYSICIAN'S FINDINGS	(to be completed by	Treating Physician On	ly)
Diagnosis ICD9 (	Code (No Narrative): 上亿	33.8X3		
• Released to	Full-Duty on 2 / 5	116 with use o	of hearing protect	ion as needed
	Modified-Duty on			
	Burhing Bulling		, Nagodo or Paramedio Autivit	res (Luendusia)
No Repetitive Mot		<ul> <li>No Combat Situation</li> <li>Medication May be u</li> </ul>		
,	dian share Chaulder	No Operating a Moto		
U No Reaching/Wor	rking above Shoulder addersStairsSteep Terra			st Wear Splint/Sling
I No Lifting over	5 lbs10 lbs20 lbs	35 lbs 50lbs. #	llbs.	
Comments/Other:				
Employee's resti	<del></del>	Temporary	□ Permaneπt	
• Employee is ( (These dates should	OFF WORK (TTD) from I not start before this treatment	date or extend past next app	to //_ pointment date.)	
Condition: U Sa	res X No is lifedorg Medica	Norsened ~www.com/PX	Med to proceed a document	0/0/00
	S blv - m Ma : De	formal Earlier FATT to	rula aut-rationcochlana	conthology due to
Objective Findings	s/Treatment/Prognosis:SU	nstringural Principal	nes bilaterally himse	so the lettery
with evidence of	of damage from noise	exposure bilateralle	i. Recommensua Mean	MULL B. INC.
	REHABILITATION (P.			Charles and Company of the Company o
	PPOINTMENTS: Therapist			
Job Description Pro		playee is:   improving	) Maintaining   □ Regressing	D PT/OT Complete
1900 Besenplion 11			e, Supervisor)	
TIME IN 11:00 a		NEXT APPOINTMENT:		Time
Oslmanda		NEAT, ALL OUTCOME		2/5/16
Physician or Clinician			Oate	`
Dr.Amanda			(70 Pho	
Physician or Clinician		do 111 Itan-	lorson, N 8905	
2642 W. HO	nan Kage Ekwy,	Off. #11 TELE	ZIP	
	en de partir de la companya de la c			RECEIVE
Employee Bignate	ure .	Supervisor	Signature	FEB 8 20
· · /	anagement Division, MSC 137 (Fax.	•	SE RETAIN A COPY: Department	Employee Physician
OURIGINAL: LUGINISK ME	STOREST OFFICER FROM THE STATE OF STATE			City of Henders Risk Management D

# Request for Additional Medical Information And Medical Release

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

Claim Number:	Social Courts Assets
Injured Employee's Address: 3550 Tundra Swan Street	Las Vegas NV 80122
Injury/Occupational Disease Date: Numerous  Insurer's Name: CITY OF HENDERSON  Insurer's Address; C/O CCMSI	2/9/2016
Insurer's Name: CITY OF HENDERSON	Date this Notice Printed:
Insurer's Address: C/O CCMSI	Employer: CITY OF HENDERSON
P.O. BOX 35350, LAS VEGAS, NV 89133	Employer's Address: 240 WATER STREET HENDERSON, NV 89015
gent in a timely manner could affect your benefits or delay	ate the form, and return it to your insurer. Your signature on this your claim from other entities. This renews the release you signed on insurer. Failure to fully complete and return this form to your claims the resolution of your claim.  Ory Information
Please check the appropriate hox be	Play IIIIOFMATION  Plow and provide the informution requested.
atins point)	lities of which I am aware, that might affect the I you checked this box, no further information is needed
I have a prior condition, injury or disability to above. This can include birth defects, prior s you checked this box, indicating a pre-existing Please attach additional sheets of paper to this	that could affect the disposition of the claim referenced surgeries, injuries, etc., whether work related or not. (If g condition, please explain in detail in the space below.
I have a prior condition, injury or disability to above. This can include birth defects, prior s you checked this box, indicating a pre-existing Please attach additional sheets of paper to this	that could affect the disposition of the claim referenced surgeries, injuries, etc., whether work related or not. (If g condition, please explain in detail in the space below.
I have a prior condition, injury or disability to above. This can include birth defects, prior s you checked this box, indicating a pre-existing Please attach additional sheets of paper to this	that could affect the disposition of the claim referenced surgeries, injuries, etc., whether work related or not. (If g condition, please explain in detail in the space below.
I have a prior condition, injury or disability to above. This can include birth defects, prior s you checked this box, indicating a pre-existing Please attach additional sheets of paper to this I HAVE DCCMMENTED PRICE TO MY EARS NOT RINGING L HEARING LO	that could affect the disposition of the claim referenced surgeries, injuries, etc., whether work related or not.

D-36 (Res 12 07)

03 2016 13:53

HP LASERJET FAX

p.2

# HEARING & BALANCE

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 may be contributing to Mr. Spangler's hearing loss in his left ear. Dr. Manthel 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 reimage using a higher resolution MRI in order to confirm results.

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.

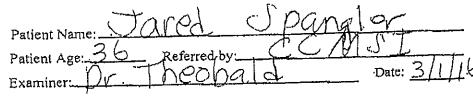
Sincerely,

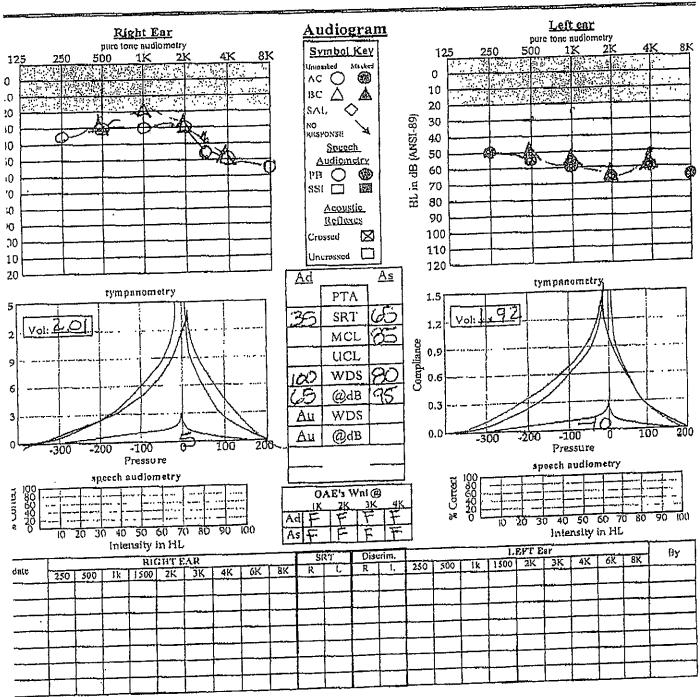
Roger Theobald Au.D. Doctor of Audiology 03 2016 13:53

HEARING &BALANCE

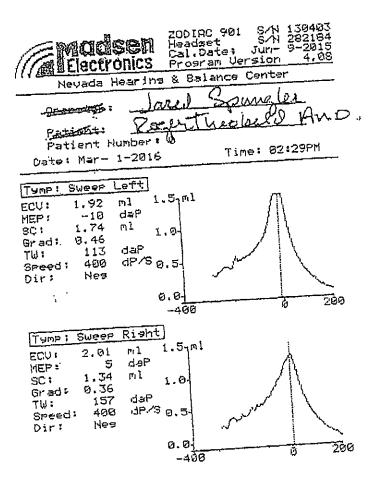
2461 W. Horizon: Wdge Pkwy #130 Henderson, NV 89052, Ph#702-896-0031

Roger Theobald, Au.D.





IMENTS/RECOMMENDATIONS:





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,

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 Spangier

Address: 3550 Tundra Swan

Las Vegas, NV 89122

Telephone:

_	<b>EMPLOYE</b>	R INFORMATION
,	Claim number: 16C52G555847	
	Employer:	City of Henderson
Ī	Address:	240 Water Street
		Henderson, NV 89015
ľ	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	<del></del>
Telephone:	(702) 384-1616	

**INSURANCE COMPANY:** 

Name;	CCMSI	_
Address:	P.O. Box 35350	
<u> </u>	Las Vegas, NV 89133-5350	
Telephone:	(866) 889-4755	_

March 28, 2016
Date

301 IEDULED ON

APR 0 1 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 fallure 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-HT

#### STATE OF NEVADA DEPARTMENT OF ADMINISTRATION **HEARINGS DIVISION**

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 15233932MTE Claim Number:

JARED SPANGLER 3550 TUNDRA SWAN 5T 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,

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

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

SCHEDULED ON

MAY 0 9 2016

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

#### 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.:

16C52G555

Hearing No.:

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:

28



1	1. That the Appeals Officer affirm the claim denial determination dated
2	March 15, 2016.
3	DATED this 13 day of June, 2016.
4	Respectfully submitted,
5	LEWIS BRISBOIS BISGAARD & SMITH LLP
6	By: tonath Fr
7	DANIEL L. SCHWARTZ, ESQ. Nevada Bar No. 5125
8	2300 W. Sahara Ave., Ste. 300, Box 28 Las Vegas, NV 89102
9	(702) 893-3383 Fax: (702) 366-9689
10	Attorneys for Employer
11	DOCUMENTS TO BE INTRODUCED AT HEARING
12	The Employer shall rely upon its Index of Documents, consisting of forty-six (46)
13	pages, filed separately herein. Further, the Employer shall rely upon any documents produced by
14	the claimant, subject to objection.
15	STATEMENT OF THE ISSUES
16	The following issue is before the Appeals Officer for review:
17	1. Whether the claimant has demonstrated through credible evidence that he
18	sustained an industrial injury that arose out of and in the course and scope of her employment.
19	<u>WITNESSES</u>
20	The Employer may call the following witnesses at the time of hearing:
21	1. Proper representatives of the Employer;
22	Further, the Employer does reserve the right to call the claimant himself, together
23	with any treating or examining physicians of the claimant, for rebuttal and other purposes at the
24	time of hearing.
25	TIME ESTIMATED FOR HEARING
26	It is estimated that the time for hearing of the Employer case as respondent will be
27	one (1) hour or less.
28	



39)

#### STATEMENT OF THE FACTS

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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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. Theobold'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.

#### <u>ARGUMENT</u>

#### A.

#### The Claimant Bears the Burden

It is the <u>claimant</u>, not the Employer, who has the burden of proving his case, and that is by a preponderance of all the evidence. <u>State Industrial Insurance System v. Hicks</u>, 100 Nev. 567, 688 P.2d 324 (1984); <u>Holley v. State ex rel. Wyoming Worker's Compensation Div.</u>, 798 P.2d 323 (1990); <u>Hagler v. Micron Technology</u>, 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:

A claim for compensation filed pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must be 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.

Based upon the present information, the evidence supports the Employer's position that the claimant has failed to meet his burden of establishing that he has a compensable claim.

В.

#### The Denial of the Claim was Legal and Proper

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

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

The Nevada Supreme Court has held that:

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

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

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



In Nevada, the Supreme Court has defined the term "arose out of," as contained in NRS 616C.150, to mean that 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, the claimant must demonstrate that the origin of the injury is related to some risk involved within the scope of employment. The claimant has failed to meet his burden in this regard, especially given the prior 2006 claim denial and the intervening primarily desk job assignment of the claimant.

NRS 616A.030 defines an accident as ". . . an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an <u>injury</u>." (Emphasis added.)

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

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

The Nevada Supreme Court has held that:

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

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

This holding has been affirmed and bolstered in the <u>Horne v. SIIS</u>, 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 is legal and proper.

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

4 5

7

6

8 9

10 11

12

13

14 15

16

17

18

19

20 21

22

23

24

25

26 27

28

BRISBOIS & SIVITIH ШР

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.

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."

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

> "The appeals officer found that Phillips' case was 'distinguishable' from Mitchell because Phillips' injury did not result from an 'unexplained fall.' Without elaborating, the appeals officer also stated that '[t]he Mitchell [c]ourt mentions the inherent dangerousness of stairways.' . . . [The Court in Rio further discussed Mitchell: "The employee argued that because she did not have a health affliction that caused her to fall and 'because staircases are inherently dangerous,' her injury "arose out of her 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.

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

to

1	Furthermore, the claimant has not met the requirements of NRS 617.440 t
2	establish a compensable occupational disease. That statute states:
3	NRS 617.440 Requirements for occupational disease to be
4	deemed to arise out of and in course of employment; applicability.  1. An occupational disease defined in this chapter shall be
5	deemed to arise out of and in the course of the employment if:  (a) There is a direct causal connection between the
6	conditions under which the work is performed and the
7	occupational disease;  (b) It can be seen to have followed as a natural incident of
8	the work as a result of the exposure occasioned by the nature of the employment;
9	(c) It can be fairly traced to the employment as the
10	proximate cause; and (d) It does not come from a hazard to which workers
10	would have been equally exposed outside of the employment.
11	2. The disease must be incidental to the character of the
12	business and not independent of the relation of the employer and employee.
13	3. The disease need not have been foreseen or expected, but
14	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.
15	4. In cases of disability resulting from radium poisoning or
16	exposure to radioactive properties or substances, or to roentgen rays (X rays) or ionizing radiation, the poisoning or illness
17	resulting in disability must have been contracted in the State of Nevada.
18	5. The requirements set forth in this section do not apply to
19	claims filed pursuant to <u>NRS 617.453</u> , <u>617.455</u> , <u>617.457</u> , <u>617.485</u> or <u>617.487</u> .
20	CONCLUSION
21	Based upon the foregoing points and authorities, it is clear that the claimant has
22	failed to meet his burden of establishing an entitlement to an accepted workers' compensation
23	claim.
24	WHEREFORE, the Employer, CITY OF HENDERSON, requests that the
25	
26	Appeals Officer provide the following relief:
27	
28	•••

1	1. That the Appeals Officer affirm the claim denial determination dated
2	March 15, 2016.
3	Dated this date of June, 2016.
4	Respectfully submitted,
5	LEWIS BRISBOIS BISGAARD & SMITH LLP
6	22 WIS BINDDOIS DISGRAND & SIMITH ELP
7	
8	
9	By: DANIEL L. SCHWARTZ, ESQ.
10	Nevada Bar No. 005125
11	2300 W. Sahara Ave., Ste. 300, Box 28 Las Vegas, NV 89102-4375 Tel.: 702.893.3383
12	Fax: 702.893.3383
13	Attorneys for the Employer, CITY OF HENDERSON
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	



**CERTIFICATE OF MAILING** I hereby certify that, on the ith 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

JARED SPANGLER,

Claimant.

Claim No.:

15C52G555847

Appeal No.:

1524756-GB

#### **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
///		
///		
	m.	

#### **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 Adam 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

ad IDT & WINGCTINEZ



# City of Henderson



240 Water Street	##Bearing Exam
Henderson, Nevada 89015	Eom:
Name [Last, First, Middle)	
SPANGLER, JARED, FLOYD	Sex Date of Examination
	Age   Bate of Birth
Grganization/Employer	24 Sale of Burn
#	. Occupation
. 1 P.O.	PO.
Audiomoteis	
Audiometric	Results
Frequency in Hertz (Hz), Right Ear	Frequency in Heriz (Hz), Left Ea
A STORE LIBERTO LARGORA LAGRAGA LAGRAGA LA L	1000 2000 3000 4000 5000 300
25/20/10/15/20/20/20/20	05 10-100 150 150
5-10-10-10-10-10-10-10-10-10-10-10-10-10-	3013013019015015
	•
Average of 2K, 3K, and 4K Results:	Average of 2K, 3K, and 4K Results:
und and nessens:	and 4K Results:
Otoponia Financia	
Otoscopic Examination Recommendation	s Remarks
Medical Referra	
1 Normal L	u 1
Appearance Refest Recommended	
Excessive Wax Complete	1
Audiogram	. 1
Abnormal Appearance	1
and the second s	
	1
	1
Audiometer Serial Number  GRASON-STADLER	Calibration Date
Title Zetters Stroking	4-22-07 2003
CLIPANIA MINCOUTVILLE. H.C.	2 / 88.03
Reads sign one copy of this form as acknowledgement of receipt from	0.00
	H Market and American

Received 02/16/16



# City of Henderson

240 Water Street Henderson, Nevada 89015



Name (Last, First, Middle)	
SPANGLER JARON F.	Sex Date of Examination
3550 T. MAN S	Age Date of Bifth
	129 1:7/2/20
CITY OF AGNOERSON	Occupation / 47
Audiometri	POLICE OFFICER

Audiome Frequency in Heriz (Hz), Right Ear 500 1000 2000 3000 4000 6000 8000	Frequency in Heriz (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 Recomment  Fight Left  Normal Medica Appearance Retest Recom Excessive Wax or Debris Compli Audioc Appearance  Appearance	Calibration Date 04/07/05 Calibration Due Date 04/07/06 Test:071 Date 07/14/05 Time 06:54  Ss# 0000000000 Job ID: ie=E  Patient Carlor Carlor  Frequency Left Right 1000 Validity 15 1000 Hz 40 20 1000 Hz 45 15 2000 Hz 45 05 3000 Hz 45 05 3000 Hz 55 20 ECEIVED 8000 Hz 55 45 8000 Hz 65 40 NOV 7 - 2005  Examiner
Sier's Name	Nevada CompFirst-LV
And to the Tester's Signal see sign one copy of this form as acknowledgement of receptoyee's Signature	lest Date and Time.
M Am	Date



loyee's Signature

D-5 (rev. 7/99)

City of Hender on 240 Water Street & O Box 95050 Henderson, NV 89009-5050

Firemen And Police Officer's Hearing Examination Form

												Exa	riearir minatior		
	e (Last, Firs		·					Sex	<del></del>	Da	te of Exam	inatjøn			
Addr		06.65	JA	RED	/-	•	<del></del>	<u> </u>	m		8/4/	108			
	550		PRA	SuA,	J 57	-		Age	29	Dat	e of Birth	2/7	9		
Perso	nal Physicia	n's Name						Occi	pation	91111	·//				
			·	·····		· ·	···			0270	E (	)17-16	ER		
	an bounder one of the	Market Services	· ·			Audion	ietric	Resu	lts						
	Frequ	ency ir	Heriz	(Hz), Ri	ght Ea				Freq	uency	n Hert	2 (Hz), I	Left Ear		
00	1000	2000	3000	4000	6000	8000		500		2000		4000	6000	8000	
	,	*** .** .**					]								
Λ.	Marago	of all	01/			¬								<u> </u>	
м	verage and 4	K Resu						j		e of 21 4K Re					
									·	and the second s			And the second		
	(	Otoscoj	pic Exa	minatio	า		Cal	ibrat	ion D	ate 1	1/19/0	200 17 by:n	). 1986		
gh	Leff						11 15 j 25	:189	on Du I	e Dati Date :	: 11/1 38/04/	8/08	ime ()	Q• <i>A</i> •	
_		Nori	mal Ap	pearanc	e		. #c	ննոն	១៦ <b>១</b> ៦១	Jol	D:A	à=£	0		
		<del></del>		Nax or			atie	nt	Ac	llle	2	21/Xe	up		
		Abn	ormal A	∖ppeara	nce		re⊲u	ency Vaii	4:1-0	Left	• • • •	isht			
	<u> </u>						500 500	Ηz	<b>-</b> • • •	35	25 25	i			
		RE	ECOMM	IENDAT	IONS		ا آ ا (الایت	12		45 45	20 15	)	TROOG Agi		
						i	000 i	12		55 55	30 40	ı V	TROG		
Medical Referral							000 H			70 60	60 50				
Retest Recommended Examiner															
	Comp	lete Au	ıdiograr	n											
in mai		·		<del></del>		·		···					***********		
iometer							Serial Number				Calb	Calbration Date			
The Epot The Cool						cl		s Sign				Pate and	λK		
	Pleas	se sign	one co	gy of th	is form	and s	ubmit	it to	our er	nploye	r or org	anizatio	on.	<del></del>	

3

Date

Received



# City of Henderson



4

r 	A COUNTY			on, Ne	vada 8	9015						Form	lauor
Nar	ne (Last, F	irst, Middle	<del>)</del>		<del></del>		<del></del>						
-		SPAN	VGLER,	JARE 4 SUA	=0	F.		Se	•	Da	te of Examina		
Add	ress —	_	<i>-</i>					Ag	m_		8/17/06	·	
<u> </u>	359	30 7	UNDRI	4 SWA	fn/		•	, ,	27	Dat	e of Birth		
Urga	nization/E	mployer			<u> </u>	······································			cupation	<u> </u>	1/2/79		·
		CI	TY O	F HER	WERS	201	•		•				
									POLL	<u> </u>	OFFICER	e	
					Arid	liama	tria Da					•	
	100				Auu	IOIIIE	tric Re	Suits	}				
		TOAII	Hertz	Z (HZ),	Right	Ear	Fr	eauen	cv in	Hert.	z (Hz), [	OF E	4
500	1000	2000	3000		6000		500 40					-eil Es	
			-			1 0000	1 500 [10	000  20	000 130	000	4000 6	08 000	00
						_					<i>1</i> 61		
						C: C= :	عالم المالية المالية المالية	41 ELL 10	997 O.	ن بردن درم	•	r	
	٨	Marage	~ ~ £ ~ 1/	a. [		Tes	libration st :025	ue D tal	ate ()4 e ()8/1	178570 - タマロは		Da.a.	
	<b>,</b>	and 4	of 2K,	, 3K, I		SSI			Job,II		Time	97:21	
						Da i	ient <u></u>	Y	·	<u> </u>	angl-	PT	
<u></u>						± •	- 1 (m)   1 (m)	ديرين	<u> </u>		uniq		
U	oscop	DIC EX	amina	ition	Rec		ranency	Le	∋ft	Righ	ŧ		
E	ight L	eff				1 U U	M Validi O Hz		-	20			
		N	ormal		1.		0 Hz	45 50		25 20			
			orma: opearar	nce	<del> </del>		0 Hz	55		10			
							0 Hz 0 Hz	60		25		•	
L		Or EX	cessive Debris	Wax			o nz O Hz	55 70		35 50			
		1		i			) Hz	70		45			
l			normal			m				, -			
	~	<b>w</b> h	pearan		,	Exam	niner						
•	20120	<b>S</b>		ΡV	0								
	20/20	>		79				1				ı	I
`	5015	ఫ		79	0			1					
Slo	الرزا	سال		16									i i
Audior	•	<del></del>										-	
					<u>-</u>	Serial No	ımber		TC	alibratio	n Date		
11	s Name			Title	·	l'esters	Signature	<del></del> ,				1	
No	rkow	trick	·	Dhu	Coal			>	'	si Date :	and Time		
						L		$-\zeta$		<u> </u>	11:00		
Emplo	yee's Sigr	nature	1015 101	m as ac	knowled	gement o	f receipt fro	m youre	mploye	r.	•		
. ت	, <b>u</b> oigi /	\ \ \	n	٠						ate	·		
		/		1						_	,	1	
<del></del>	NV		411	///		•				8 be	ilor		

Received 02/16/16



City of Hend 7n 240 Water Street - 0 Box 95050 Henderson, NV 89009-5050

Firemen And Police Officer's Hearing

Name (Last, First, Middle)		olice Officer's Hearing Imination Form
	Sex	maduli Fom
SCANGLER, JAREN F	Date of Examination	
	8// 5/2	7
3556 TUNDRA SWAN ST. Lersonal Physician's Name	Age Date of Birth	
ersonal Physician's Name	1/NV 89/20 28 76/	
NR FURA	Occupation //2/79	
DR. KILPATRICK	l l	
	Audiometric Results	· · · · · · · · · · · · · · · · · · ·
Frequency in Hertz (Hz), Right E		
0 1000 2000 2000		eft Ear
2000 3000 4000 6000		
	7000 2000 3000 4000	6000 8000
the control makes the second s	- <u>-</u>	
August 6 aug		
Average of 2K, 3K,	¬ _	
and 4K Results:	Average of 2K, 3K,	
	and 4K Results:	- 1
The state of the s	And the second s	
Otoscopic Examination		
Total I Total Control of the Control	Remarks	
t Left		
	?_	=~-
Normal Appearance	Calibration Dup Date 04/05/06 by: m s r	1
1	r_ ,, Due Date U4/05/07	. 1
Excessive Wax or Debri	it googness Date 08/13/07 Time D	7:òo
	# 000000000 لأime 0 با 13×00 Time 0 ا	
Abnormal Appearance	atientUlald 50000	1
	2 and Da Sparis	ler
	requency Left Pions	ĺ
RECOMMENDATIONS	1000 Validity 25, Klant	- 1
	500 Hz 40 23	.}
1	1000 Hz 20	1
Medical Referral	2000 Hz 55	1
	4000 HZ 65 30	
Retest Recommended	60 30	1
J	8000 Hz 80 55	
Complete Audiogram	70 55	1
	Examiner	1
4-1		_
Tilly 0	700	7
- 4 Chr. Min Cone	Teste s Gigmature Test Date and Time	
Please sign one conv of this form	nd submit it to your employer or organization.	1
Signature	na submit it to your employer or argument	
77	anization.	

Received



# City of Hend on 240 Water Street of O Box 95050 Henderson, NV 89009-5050



Firemen And Police Officer's
Hearing
Examination Form

Name (Last, First, Middle)	Sex Logaria
SPANGLER, JARED F.	Date of Examination
	Age Date of Phil
550 TUNDRA SWAN, LV, NV, 87	Age Date of Birth
ersonal Physician's Name	0ccupation 7/2/79
	POLICE OFFICER
Audi	ometric Results
Frequency in Hertz (Hz), Right Ear	Subject Information:
1000 2000 3000 4000	22%
2000 3000 4000 6000 800	
	In Program Yes 8000
AND	English
Average of 2K, 3K,	Most Recent Test:
and 4K Results:	At Left Right
I	500 45
The state of the s	Marie and the same of the same
Otoscopic Examination	50 15
SO BONDON TO	$\frac{\partial S}{\partial s}$ 30
	60
Normal A.	9K 50 50
Normal Appearance	Models
Excessive Wax or Debris	Serial: Next
1 .	Val. 5.72009
Abnormal Appearance	L/S/ \$3.6-1989
	Baseline:
DECORRETE -	No Baseline
RECOMMENDATIONS	Current Analysis:
1	osha sts
Medical Referral	· (Age Concored), No.
Retest Recommended	Possible Description
i i	Rec Shift No No No 5,1,2,3K Avg: 52
Complete Audiogram	2.3.4K Avg: 56
	AAO - 1979; 60° 28
	Social Association of the Control of
me Title	Serial Numbe Examiner Date
- CA	Tester's Sign Subject
Please sign one convertible	100000
Please sign one copy of this form and su	ibmit it to
	Date
	Date /

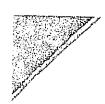
Received

Firemen And Police Officer's Hearing Name (Last, First, Middle) Examination Form Sex Date of Examination Address M) 7.29.12 Age Date of Birth 34 7.2.79 Occupation P.O. Audiometric Results Frequency in Hertz (Hz), Right Ear 500 1000 2000 3000 4000 6000 Most Recent Test: 8000 500 Date: 7/24/2013 Time: 7:08.44 0008 <u>Left</u> Right 4Û Average of 2K, 3K, 35 ΙK 50 25 2K and 4K Results: 55 20 Ave 3К 65 40 4K óΚ 65 80 Otoscopic Examination 38 60 63 Examiner: Model. Next Serial: 25654 Cal: Normal Appearance 4/12/2013 ANSI \$3.6-1989 Baseline: Excessive Wax or Debris No Baseline Abnormal Appearance Current Analysis: Right OSHA STS (Age Corrected): No RECOMMENDATIONS  $N_0$ Possible Rec Shift No No .5,1,2,3K Avg: Medical Referral 5... 30 2,3,4K Avg: 60 35 AAO - 1979: Retest Recommended 1300 Complete Audiogram Examiner Date Subject diometer Date Serial Mumbi ster's Name Tester's Signature Please sign one copy of this form and submit it to your employer or organization. Test Date and Time ployee's Signature

Received

OD-5 (rev. 7/99)

7.29.13



Firemen And Police Officer's Hearing

те (Last, First, Middle)		Examination Form
SPANGLER, JARED	Sex Date of	Examination
3550 TUNDRA SWAN ST.	Age Date of	Birth 7/2/79
	·	CE OFFICER
	tric Results	
Frequency in Hertz (Hz), Right Ear		t Information
1000 2000 3000 4000 6000 0000	SSN SSN	

Grequency/ID-Heriz/(Hz)/ Right/Ear       Ereque         1000       2000       3000       4000       6000       8000       500       1000       20	Subject Inform. SSN Status. In Program	** ***	Veiwe Ves English	
verage of 2K, 3K, and 4K Results: Average of 4I	Recent to	.ims	; 12:48:20 <u>Right</u> 3c 25	L -45 45 30
Otoscopic Examination	ik ok		15 30 40 86	60 55 75
Normal Appearance  Excessive Wax or Debris	SK Emanuaci Model Sc. 1	48	50 Next 25654 4 6-2010	65
Abnormal Appearance	Baselin No. 1		2 53,6-1989	Į
RECOMMENDATIONS  Medical Referral	Current Valles	Ę, Ař	<u>Rig</u> ta No	
Retest Recommended Complete Audiogram	ec stuff 1.2 3K Avg	No 50 55	No 25 28	
ame/ Serial Number  Title Title Tester's Signature	Jare	وا	Liate Thate	

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

Received 02/16/16

8



Firemen And Police Officer's

						Officer's
					He	aring
me (Last, First, Middle)					Examina	ition Form
SDAW CO		Sex	7 (	Pato of Free		
SPANGLER, JARED F.  Gress  350 TUNDRA SWAN ST.  Sonal Physician's Name		In	ر ا ا	Date of Examina	tion /	
oress				8/1	7///	ſ
150 TUNDRA SWAR CT		Age	Ū	ate of Birty 1	1/	
sonal Physician's Name		Sa	L 1	<b>ラ</b> ん	179	i
		Occupation		1/0	///	
		ہ∆ر	11100	AT-71.	~~	
		7 0	UILL	OFFICE	K	[
Au	diometric Re	Sculto		. K		
Salad Straight Straig	ASSESSED 1 PRO-	zouit2	COLF O	ed of Hender	8 11/2011 SON	
Frequency in Hertz (Hz), Right Ear			Subject	information:	<del></del>	44.00
1000 2000 2000	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM		SSN	or materon;		
8 0000 8	000 5	00   10	Status:		A =+!	
a service and the service of the ser			In Program	m:	Active Yes	8000
			Language		English	
			Most Rec		Digitali	1
Average of 2K, 3K,						
and 4K Results:		Ave.	Date: 8/1	1/2011 Time:		
Company of the Compan	and the same and the same of t		-500	<u>Left</u>	Right	ı
			1K	40	25	
Otoscopio Evania			2K	50	25	
Otoscopic Examination			3K	50	15	
			4K	60 60	30	
Hereit .			óΚ	65	40	
	1		8K	55 55	55 56	
Normal Appearance	1		Examiner:	25	55	• 1
£ !	1		Model:		Next	j
Excessive Wax or Debris	1	:	Serial:		25654	1
Abrormal Anna		(	Cal:	4/	19/2011	1
Abnormal Appearance				ANSI	\$3.6-1989	
	i	-	Baseline:			
	1		Vo Baseline			ł
RECOMMENDATIONS		_				}
	1	C	Jurrent An	alysis:	·	1
7	1	_	VCIET 4 mm4	<u>Left</u>	<u>Right</u>	}
J Medical Referral	1		SHA STS			1
Potost Bonne	1	υ. (Σ	Age Correct	ed): No	No	1
Retest Recommended			ossible ec Sluifi			-
Complete Audiogram			ec Smn ,1,2,3K Avg	No	No	1
1 blocc variotisti	1		, 1, 2, 3 & Avg 3,4K Avg:	50 56	23	1
			AO - 1979:		. 28	
er	Serial Numb		1	Q9.	•	
ame, Title	OSTITE WOLLD		<del></del>		·	
Title	Tester's Sig	naturi Ex	amine		Date	
Die de la constante de la cons	1		X Y	1	•	
Please sign one copy of this form and submit it to you						
s Signature		yuu				
dal An	_	Sul	oject Test			<del></del>
v. 7/99)			,	ح//ح	1/2.	
· · · · · · · · · · · · · · · · · · ·						I

Received 02/46/46

57 Charles de la companya del companya del companya de la companya	PAGE 0000102
	y .
	Fig
	Firemen And Police Officer's
	Hearing
First, Middle)	Examination Form
SPANGLER JARED  JARED  JASSO TUNA SUAN ST.  Personal Physician's Name	Sex Date of Examination
gress JARED	1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
73560 TUARA S. M.	Age Date of Birth
Personal Physician's Name	33 1/2/79
	Occupation
	POLICE OFFICER
Audi	ometric Results
Control of the state of the sta	ometric Results
Frequency in Hertz (Hz) Right Ear.	Water to the second sec
500 1000 2000 3000	Frequency in Hertz (Hz), Left Ear.
3000 4000 6000 800	500 1000 2000 3000
25/20/10/30/40/45/6	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
-	2 1 1 201551 65 165 175
Average of 2K, 3K,	
and 4K Results:	Average of 2K, 3K,
	and 4K Results:
Otoscopic Examination	
	ې مېرې Remarke
Right (Left)	r berial# 3390
Name	Calibration Date 02/23/12 by audmed
Normal Appearance	Test 1000 Due Date 02/22/13
Excessive Wax or Debris	SS# 000000000 Job ID:>920
<b>,</b>	Patient 423513
Abnormal Appearance	raciene ( -00 ).
	Frequency Left Right
RECOMMENDATIONS	500 Validity 20
THE PARTICIPATIONS	1000 Hz 50 20
Medical Referral	2000 Hz 55 10
	4000 4-
Retest Recommended	6000 Hz 65 65
Complete Audiogram	8000 Hz 75 65
	Examiner
idiometer D. L. 1. 2. C. 2.	
ster's Name Title	Serial Nurobert Calbration Date
W Novew	Tester's Signature
Please sign one copy of this form and si	ubmit it to your employer or organization.
ployee's Signature	
	Received Date 10
	02/16/16 8/6/12

4)

Firemen And
Police Officer's
Hearing
Xamination F

Name (Last, First, Middle)  Spary 12r, Jare	Sex	Hearing Examination Form
		•
ersonal Physician's Name SNV	35 Date of Birth	
	Occupation P- O	7.2.79
	Audiometric Results	
Frequency in No. 1	The said	_

Frequence	diometric Results
Frequency in Hertz (Hz), Right Ear  10 1000 2000 3000 4000 6000 8	Frequi   Most Recent Test: Date: 7/31/2014 Time: 7:29:39
Average of 2K, 3K, and 4K Results:	1K 50 30 30 1K 55 30 7
Otoscopic Examination	8K 80 65 50 8K 75 55 Examiner: Model:
Normal Appearance	Serial: Next  Cal: 25654  ANSI S3.6-1989
Excessive Wax or Debris Abnormal Appearance	Baseline: No Baseline Current Analysis:
Has continued RECOMMENDATIONS	OSHA STS  (Age Corrected): No No
Medical Referral Andrea Card	Rec Shift No No .5,1,2,3K Avg: 58 32 2,3,4K Avg: 65 40 AAO - 1979: 17%
Retest Recommended Complete Audiogram	Examiner Date Subject
er Brne	Serial Number
Title	Calbration Date
Signature Signature R	ubmit it to your employer or organization.
	716/16 8·7.14

14/400 market and property on	PAGE 0000104
$M_{\ell}$	
· V	4
	Firemen And
	Police Officer's
	Hearing
Name (Last, First, Middle)	Examination Form
Spanaler Taral	C
Address and Address	Date of Examination
JHAN ST	Age 8.13.15
Personal Physician's Name / NV 89122	Odce of Birth
, and the same of	Occupation 7.2.79
	Occupation
	PO
Audior	netric Results
	Tesults
Frequency in Hertz (Hz), Right Ear	
300 1000 2000 3000	Language. English
300 2000 3000 4000 6000 8000	Most Recent Test:
	Date. 8/11/2015 Time: 8:36:24 8000
The second secon	Soo Lett Right
Average of 2K, 3K,	IK 45 30
and 4K Results:	2K 60
and the Results:	At 3K 65 20 45
The second control of the control of	65 45
Otoscopia r	8K 60
Otoscopic Examination	Examiner: 65 50
Right Terra	Model: Serial: Next
Rund	Serial: Next Cal 25654
Mormal Annua	4/ 8/2015
Normal Appearance	ANSI S3.6-1989
Excessive Wax or Debris	Baseline: No Baseline
	· · · · · · · · · · · · · · · · · · ·
Abnormal Appearance	Current Analysis:
}	OSHA STS Left Right
_	(Age Corrected): No
RECOMMENDATIONS	Possible
	Rec Shift No No
Medical Referral	73 45 AVg; 56
	AAO - 1070: 36
Retest Recommended	14%
Complete Audiogram	Examiner
ombiete Mudiogram	Date
udiometer	Subject Date
	Social Name
ester's Name Title	Subject Test
	Tester's Signature
Please sign one copy of this form	Test Date and Time
Please sign one copy of this form and sul	omit it to your employer or organization
	or organization.
190-5 (rev. 7/99)	Date
Receiv	ved 8.13.15 12

02/16/16

EMPLOYEE'S

IM FOR COMPENSATION/REPORT OF INIT

REATMENT

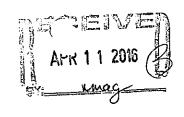
	EMPLOYEE'S	PLEASE	TYPE OR F	PRINT		
First Name	EMPLOYEE'S	Last Name	DE ALL IN	ORMATI		
Home Address	F.	SPANGLIN	Birthdate 7/2	/79	Sex □M □ F	Claim Number (Insurer's Use Only)
35 <b>5</b> 0	TUNDRA SWAN	57	Age 36	Helght	Welght	Social Security Number
LV	State NV	Ž	89122		Telephone	2- 461-1780
Mailing Address	SIA	\$	State	Z	ip	Primary Language Spoken  ENGC   S   14
INSURER LOOM!	S	D-PARTY ADMINI	STRATOR	En	nployee's Occupation	on (Job Title) When Injury or Occupational
Employer's Name/Compa	ny Name HETVOERSOAL			Dis	sease Occurred	POLICE DEDICA
Office Mail Address (Numi	ber and Street)	tENO. N	W 89	115		Telephone 702 - 267-5000
Date of injury (if applicable)	Hours Injury (if applicable)	Date Employer N	otifled La	st Day of V	Vork After Injury	Supervisor to Whom Injury Reporte
Address or Location of Acc	am pm	1/16	or	Occupation	nal Disease	SGT. JASON KUZII
HEY	VOINSON					
JOB JOB	e time of the accident? (if appli RELATED ACTIL	cable)			<del></del>	
How did this injury or occup	RELATED ACTIVATION OF THE PARTIES ACTIVATED ACTIVATED ACTIVATED ACTIVATION OF THE PARTIES ACTIVATED ACTIVATED ACTIVATION OF THE PARTIES ACTIVATED ACTIVATED ACTIVATION OF THE PARTIES ACTIVATED ACTIVATED ACTIVATED ACTIVATION OF THE PARTIES ACTIVATED ACTIVATE	ecific and answer i	n detall.:Use	additional :	sheet if necessar	у)
If you believe that you have	an occupational disease, when	n did you first have	knowledge	of the disab	ility and its	Witnesses to the A
relationship to your employ	ment? AFTER B	EING HIR	EP		and its	Witnesses to the Accident (if applicable)
Nature of Injury or Occupati	onel Disco					NA
HEARING	LRINGING IN	EARS	Part(s) of Bo	dy Injured o	or Affected	
	IVE AND CORRECT TO THE BEST OF CUPATIONAL DISEASES ACTS (NRS & THER PERSON, ANY HOSPITAL, INCL R INSTITUTION OF ORGANIZATION TO ISEASE, EXCEPT INFORMATION RELEVANCE IN MUST GIVE SPECIFIC AUTH					RDER TO OBTAIN THE BENEFITS OF NEVADA'S RIZE ANY PHYSICIAN, CHIROPRACTOR, VY MEDICAL SERVICE ORGANIZATION, ANY INCLUDING BENEFITS PAID OR PAYABLE, SYCHOLOGICAL CONDITIONS, ALCOHOL OR ASTHE ORIGINAL
Date 2/9//6	Place		Emi	dava - In Ot-	4.	
Place	EPORT MUST BE COMP	ETED AND MA	ILED WITH	IN 3 WOF	RKING DAYS	F TREATMENT
Anderson Au	idiology-Hender	Name SON 10(Oct)	of Facility			2000年1月1日 - 1000年1月1日 - 1000年1日 - 1
2/5/16 Ri	plagnosis and Description of Injury or a ght: bookstine named, 0.25-	Occupational Disease 216 Hz, Sloping to	Is there	evidence tha	at the injured emplo	yee was under the influence of alcohol
lour Le	Idio 094 — Hender legnosis and Description of Injury or o ght: borderline normal, 0.25— moderate high frequency A: mild stoping to severe sent with notin present at the	scrineural heaving the	BIOS NO NO	☐ Yes (If y	/es, please explain)	the mine of the accident?
realment: Inaural amplificatio	7 upon medical charan	ce, annual	Have yo	u advised the	patient to remain	off work five days or more?
	incluse of hearing pro-	hection in noise	4		s: from	
-Ray Findings: N/A			No No	If no, is the in	njured employee ca	pable of: X full duty D modified duty
om information given by the emportant this injury or occupational	ployee, together with medical evide	nce, can you directly	It modifie	d duty, speci	fy any ilmitations/re	strictions:
ea on missing conducted of additional medical care by	playee, together with medical evide disease as job incurred? Annother facility and training a physician indicated?  Medical climater plury or disease contribution to	Constituted by me 21	SIL			
				-11		
11 11 11 11 11 11 11 11 11 11 11 11 11	CADDITION INDEX 100	amechanic for	2 Umrs	oisease? dunha h	igh school	(Explain if yes)
2/9/16	Int Doctor's Name Amanda Blake	I ce	ertify that the	employer's	copy of employer on:	
dress 120 S. Rainbow		1113	. Sim was III		employer on: ISURER'S USE (	DNLY
y State	Zip Provider's Tax I.I	1	ephone			
ctor's Signature	9146 26-29484		2-233-L Jree	327		
Exmanda Blake	e, DAS		1.D/		·	

# AUDIOGRAM

AudigyCertified

PURE TONE AUDIOMETRY (NE: ANSI 1996)	Practice: Anderson Antiongy Location: Henderson Name: Were Spangler Date of Sirth: 7/2/79				
-10 250 500 1000 2000 4000 R000	Name: Wed Spangler Date of Sirth: 7/2/79				
	Referred By:				
	Test (Interval: Date of Test: 2/5/11/				
	Key:				
	X Aia O  TYMPANOMETRY (226 Hz)				
*	> BONE < EAR LEFT RIGHT				
® **	No RESPONSE EZ L UCL R EAR CANAL VOLUME CM3 1-1-1 1.34				
	SOUND ERED S VINDO-TACRIE-VT  TYMP PEAK PRESSURE (DAPA) -5				
\$ 6 X X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Tentrus Time Static Admittance (MMH20) 1.22 0.93				
SE SO	STANDAND CAE: X TYMP WIDTH (DAPA) 76 92				
20 20 20 20 20 20 20 20 20 20 20 20 20 2	CORVA BOA LEFT QI RIGHT				
5 .50	TRANSDUCER INSERT GIRCUMAURAL X SOUND FIELD				
	GIRCUMAURAL X SOUND FIRED				
166	RELIABILITY P				
116	Good Pressure Pressure				
120	Poor Right (AD)				
	BOOTH (Shows and (Special Special Spec				
Friedutincies IN: Hz	#3				
SPEECH AUDIOMETRY  SRT/ Speech Speech	MIDDLE EAR ANALYZER.				
PIA SAT Recongultion Recongultion MCL U	OTOACOUSTIC EMISSIONS (OAE:)				
Right   25 30 100% 65   % 65 10	- EMISSION TYPE USED TEST-TYPE PERSONNED				
Masking 70 100	Transfent OAE Complete				
LEFT (AS) 52 65 72% 90 % 90 105	OAE Results:				
MLV CD/1996 W-22 WIP) PBK SPECIAL: SPECIAL:	Left Ear Alosent 1.5-6k 117				
TINNITUS EVALUATION	HEARING INSTRUMENT INFORMATION				
RIGHT PT/NB kHz dBi					
LEFT         PT/NB         kHz         d8H           8INAURAL         PT/NB         kHz         dBH					
HYPERACUSIS: YES/NO CATEGORY: 0 1 2 3 4	cerumen removed from 10 prior to				
History, Impressions, Recommendations: H. YEDIX Gol he.	has already had an HRI to work at				
Rx: Bigatical amplification, use of wanty	STATE OF STATE OF STATE OF THE				
testing to monitor hearing	The state of the s				
	1				
Audiologist Chranch Blake Child	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

Aliante/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 Bivd Ste 11 Las Vegas, NV 89134

p: 702.527.6066 f: 702.527.6068

HudigyCertified\*

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

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 Sie A11 Henderson, NV 89052

p: 702.933.9102 f: 702.933.9106

Aliante/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

AudigyCertified"

f: 702.527.6068

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: Right Ear: a 30 dB difference, OSHA STS: Yes 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: Right Ear: a 26 dB difference, OSHA STS: Yes 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





## Human Resources Department/Risk Management Division

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

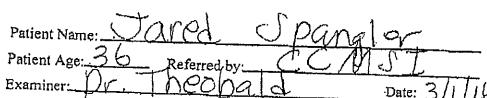
	A STATE OF THE STA
	Employee's Name: Jared Spanger Employee Number Of 719
	/ I Linbloyde Number: C/V/11/-
	Date of Injury: 8/25/03—Current Date of Current Visit: 2/5/10
	is this a scheduled work day?   Yes XNo CURRENT WORK STATUS: X Full Duty  Modified Duty  Off Work
	THE INDINGS (to be completed by Treating Physician Only)
	Diagnosis ICD9 Code (No Narrative): H83.3X3
	• Released to Full-Duty on 2 15/16 with use of hearing protection as needed
/	Released to Modified-Duty on / / with the following restrictions (the state of
(	The Parties of the Pa
1	☐ No Repetitive Motion to Injured Part: ☐ No Combat Situations
1. 1	Body Part D Medication May be used while Working
MY	U No Operating a Motor Vehicle or Machiner
- }	No Climbing: _Ladders _ Stairs _ Steep Terrain   11 Other: _ Eve Botah _ Kana  - Ivan Other
	□ No Lifting over: 5 lbs 10 lbs 20 lbs 35 lbs 50lbs. # lbs.  Comments/Other:
	Employee's restrictions are:
	• Employee is OFF WORK (TTD) from
\	this treatment date or extend past next appointment date.)
	Discharged?   Yes & No is life-long Medically Stable?   Yes & No warmen Ratable?   Yes   No & TBD Condition:   Same   Improved   Worsened - when compared to baseline dated 8/8/03
	Portugat Before 10 Days The Improved Worsened - when compared to baseline dated 8/8/03
	request relation in the LINO Referred For To: Shift for the line is the line in the line i
	opering Lindings (Learment Loguesis: Sent Daving Language Lindings) Learner 11 (11 for a
	with existing the name exposure bilaterally. Recommended treatment is the
1/A- !	NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.
yrt j	lob Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete
	SIGNATURES (Provides Empley of
Т	IME IN: 11:(1) a TIME OUT: 12:00 b NEYT ADDOINTAGENT. D. THE
-	Delmanda Glaker i xxx
	hysician or Clinician Signature 2/5/11/2
	2rAmanda Bake (702)933-9102
_2	Phone Phone
Ad	dress Henderson, N 89052 City/State/ZIP
	The second secon
Eng	RECEIVED Supervisor Signature
ORI	GINAL: HR-Risk Management Division, MSC 137 (Fax. 702-267-1902)  PLEASE RETAIN A COPY: Department Employee Physician

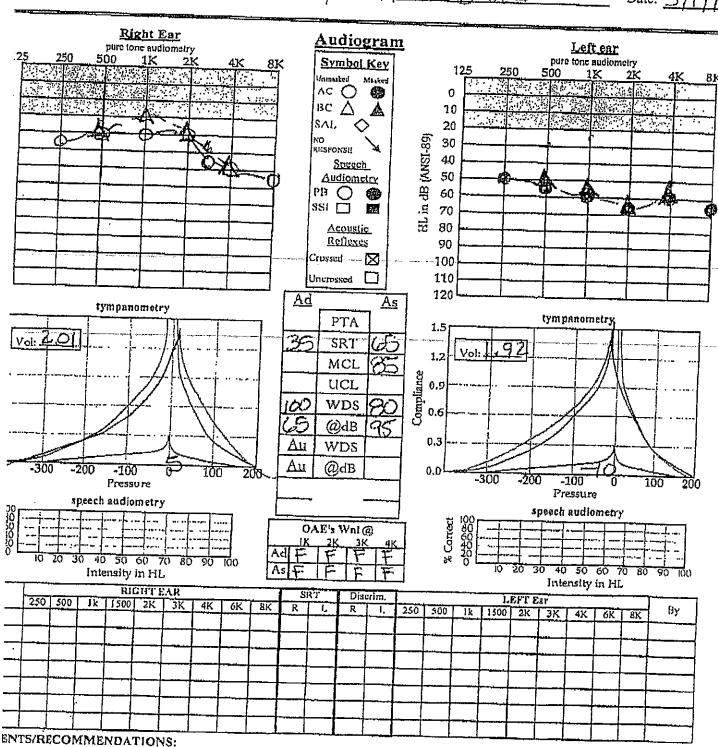
p.5

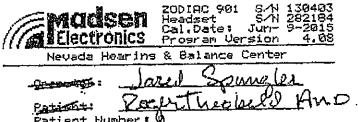
HEARING & BALANCE

2461 W. Harizan: Ridge Pkwy #130 Hendurson, NV 89052. Ph#702-896-0031

Roger Theobald, Au.D.

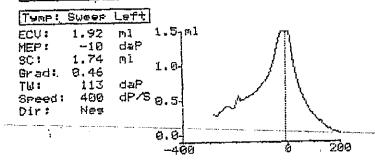


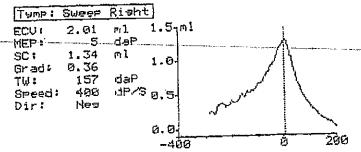




Patient Humber Date: Mar- 1-2016

Time: 02:29PM





HP LASERJET FAX

p.2

# HEARING & BALANCE

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 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 reimage using a higher resolution MRI in order to confirm results.

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 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.

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

Spangler, Jared Employee

Date

(800) 357-5759

Right Ear Results 2 - 3 - 4K Date: 10 Dec 2015 Language: English 8300 Left Ear Results į Į 2-3-4K 4000 Birth Date: 2 Jul 1979 Frequency (Hz) Right STS Right Ear 2000 Age: 36 yrs Left STS 1000 Right Avg 2-3-4K 100 500 Left Avg 2 - 3 - 4K (Bb) Visnatnl City of Henderson 10 8 8 R 8 8 Key % X **6**K 8000 EID: xxxxxx Right Ear 2K 3K 4K į SSN: 4000 1 1  $\Xi$ Frequency (Hz) 200 Noise Standard: OSHA Left Ear Age Adjustment: Yes 8 <del>%</del> <del>\$</del> 1000 Left Ear 2K 3K <del>Х</del> Inensity (dB) 20 9 8 8 8 2 Left Right 500 Name: Jared Spangler Sex: Male

Date

Jeft O Right □ Baseline Normal Hearing = 0-25 dB X Left

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

(800) 357-5759

no was in the compension, Henderson, NV (10 December 2015) -.iy of Henderson, Henderson, NV (10 December 2015) Copyright © 2015 Precision Hearing Conservation

# AUDIOGRAM

Audigy Certified\*

PURETONE AUDIOMETRY (RE: ANSI 1996)	Practice: Anderson Audiology Location: Henderson  Name: Cared Spangler Date of Birth: 7/2/79
100 2000 4000 8000	Name: Cared Spangler Date of Birth: 7/2/79
	Referred By:
	Test Interval: Date of Test: 2/5/10
20 20 20 20 20 20 20 20 20 20 20 20 20 2	KEY:
30 000	AIR O TYMPANOMETRY (226 Hz)
40	BONE C EAR LEFT RIGHT
	L UCL R EAR CANAL VOLUME CM3 1-1-1 1.34
50	SOUND FIELD - S VIBRO-TACTILE - VT  TYMP PEAK PRESSURE (DAPA) - 15
	TINNITUS - T STATIC ADMITTANCE (MMH20) 1.22 0.93
70	STANDARD CAE TYMP WIDTH (DAPA) 78 92
80	COR/VA BOA
90	17
	INSERT CAPTION CAIL'S CAPTION CAPTION CAPTION CAPTION CAPTION CAPTION CAIL'S CAPTION CAPT
	SOUND FIELD LITE IS COUNTY OF THE STATE OF T
10	Excellent P Soure
	FAIR POOR  KHZ 2k HZ 4k HZ
	300TH #1
FREQUENCIES IN HZ	#2
SPEECH AUDIOMETRY	#4
PTA SRT/ Speech Speech Recongnition MCL UCL	
RIGHT (AD) 25 30 100% 65 % 65 100	EMISSION TYPE USED TEST TYPE PERFORMED
	Transient OAE Complete  Distortion Product OAE Screen
(AS) 52 65 72% 90 % 97 105	OAE Results:
MIV CDA W 22 MUD	Right Ear Present 1,5-3k Hz, Absent 4-lok Hz
CO/Table W-22 WIPI PBK SPECIAL: SPECIAL:	Left Ear Absent 1.5-6k Hz
TINNITUS EVALUATION	OAE Unit HEARING INSTRUMENT INFORMATION
RIGHT PT/NBkHzdBHL	RIGHT INSTRUMENT:
LEFT PT/NB kHz dBHL	LEFT INSTRUMENT:
BINAURAL PT / NBkHzd8HL	OTOSCOPY: Semi-archided AD AS clear
HYPERACUSIS: YES / NO CATEGORY: 0 1 2 3 4	cerumen removed from AD prior to cull testing without incident
41 1 1	as already and an MRI to work at
Rx: Bhaural amplification use of handa	
testing to monitor huaring	· <del>-</del>
udiologist Palmanda Kalaka Alah	24

Page 1

•	STOPE	NSERVATIONS	
	Weevs	WHEARING CONS	City of U.

	Date: 10 Dec 2015 Language: Enolish	Right Ear Results 2 - 3 - 4K STS Better Decrease Decrease No Change No Change No Change STS No Change No Change Mo Change Mo Change Mo Change Mo Change Mo Change Baseline
	Date: 10 Languago	Left Ear Results 2 - 3 - 4K STS No Change STS No Change Decrease No Change Decrease STS STS STS STS STS STS STS
	Birth Date: 2 Jul 1979 Age: 36 yrs	Left Right STS 10.6 10.6 9.0 5.6 11.3 9.6 6.3 4.6 7.0 -3.0 3.6 4.6 4.6 4.6 4.6 4.6 4.6 4.6 4.0 12.0 25.3 8.6 22.3 7.3 16.0 4.0 13.0 -5.3
	Birtl Age:	Right Avg 2-3-4K 41 36 40 35 26 28 28 28 25 23 11 11 15 15
City of Henderson		Left Avg 65 65 60 65 60 65 60 65 60 65 60 65 60 55 55 50 55 50 55 40 50 40 50 33 33
City of E	EID: xxxxxx SSN:	Arght Ear 2K 3K 4K 6K 25 50 50 60 20 45 45 60 25 45 50 65 20 40 45 80 10 30 40 65 15 30 40 60 15 30 40 60 15 30 40 60 15 30 40 60 15 30 30 55 10 25 35 50 5 10 20 45 10 15 5 55 10 15 20 20
	Noise Standard; OSHA Age Adjustment: Yes	4K 6K 8K 500 65 75 80 30 65 70 65 30 66 65 60 35 60 65 60 35 60 65 55 25 60 65 55 25 55 70 60 25 55 70 70 25 55 70 70 25 55 55 65 20 50 70 55 20 60 50 25
	Name: Jared Spangler Sex: Male	Left Right SS S S S S S S S S S S S S S S S S S
N	Sex: Male	Date 10-01-2015 08-11-2015 07-31-2014 07-24-2013 08-06-2012 08-11-2011 07-24-2009 08-18-2008 08-13-2007 08-24-2006 07-24-2006 08-13-2007 08-24-2006 07-29-2004 08-08-2003

Standard Threshold Shift - Without Age Correction: 13.4 - Yes - 10-1-2015 Possible OSHA Recordable Hearing Loss: 27.6 - Yes - 10-1-2015		Right Ear 13.3 - Yes - 10-1-2015 10.6 - Yes - 10-1-2015 22.6 - Yes - 10-1-2015
S. S. S.	Audiometric Analysis	Left Ear 13.4 - Yes - 10-1-2015 10.6 - Yes - 10-1-2015 27.6 - Yes - 10-1-2015

A - Annual
B - Baseline
R - Recordable
T - Retest

E - Exit

Key

(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

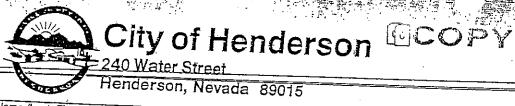
Em Copyright © 2015 Precision Hearing Conservation





Henderson, Nevada 89015	Form
Name (Last, First, Middle)  SPANGLER, JARED, FLOYD  Address	Sex Date of Examination  M /25/03  Age Date of Birth
4130 ARTIST CT.  Grganization/Employer  H. P. O.	0ccupation 7/2/75
Audiometri	
Erequency in Hertz (Hz), Right Ear 500 1000   2000   3000   4000   6000   8000   5	Frequency in Heriz (Hz), Left Ea 00 1000   2000   2000   4000   6000   80
15 20 20 30 3	0135 30 30 40 50 5
Average of 2K, 3K, and 4K Results:	Average of 2K, 3K, and 4K Results:
Otoscopic Examination Recommendation	TOTAL
Normal Medical Rete Appearance Recommend Excessive Wax Complete	1
Abnormal Appearance	
GRASON-STADLER GRASON-STADLER Fille	Calibration Date 4-22-02 2003 Test Date and Time
se sign one copy of this form as acknowledgement of receipt	from your employer.

Date



Firetighters and Police
Offices
Hearing Examination
Form

ΓN	ame (Last,	First, Midd	lle)	<del></del>	<del></del>	<del></del>		15.				
-	SP/	tN6U	RJ	ARE	0	FLOYD		Sex //	n 1	Date of Ex	amination	
1							<del></del>	Age		Date of Birt	22/04	
Org	ganization/l	mployer	101	<u> </u>	LV	NV, 8	9/15		5	/	2/79	
		4. Pl	$\gamma$	·	•	,		Occupa			7-1	<del></del>
<u> </u>		<del>[                                    </del>			<del></del>		- <del></del>		POLIC	EO	FFIC	:67
					` 	diam et.						
	reque				Aut	diometr						
5.00				4(FZ)	Righ	t Ear	Freq	uency	in Her	z (Hz	). Lef	Far
500	1000	2000	3000	4000	6000	[8	The Hode	2000	3000		6060	
				-		ļ ņnn			¥		UV(**	i sipisaja.
::- ::-:	<del></del>	<u>.</u>	! <u>.</u>	<del></del>			libration ibration	h-Date-d	: :: ::	T 50.		
				_			ibration t :057	Date	te 04/1 -07/29/		i	
•	A	verage and 4	of 2K, IK Resi	3K,		88#	0000000		ob ID:è		ime 07	:58
				4143. ]		Pat	iess X	Ing/	erc	Mil	0	77.5
Ot	Oscon	ic Ev	amina	· ·	_	Fyga	 	<b>/</b>			,	
	ehi 1		aiiiiia	uon	Reco	$m_{ m um} \approx 1000$	) Validit	r Fet	$rac{t}{15}$	ight 5		
				į	4	000	l Hz l Hz	30 40	20			
1.			ormal pearant	30		J :000	Hz	40 40	20 10			
				j		Recongoo	Hz Hz	48 60	15			
<del> </del>		Or	cessive Debris	Wax		LCompl <sup>300</sup>	Hz	70	05 55			
		1	normal	<u>.                                    </u>	<del></del>	Audiog 00	Hz	55	40			
		Apr	pearance	9		!	·		<del></del>			
						•	1					1
		-					.					
								<del></del>			·	
Idiome	eter	<del></del>	<u></u>	<del></del>	<del></del> -	Serial Number						
ster's	Varne_	$\overline{}$	\	741-2 T					Calibratio	n Date		7
M	NX C	actor	H-9"	)}}-(	^ <	Jester's Signat	tire	$\overline{}$	Test Date	and Time	<del></del>	-
ases	ian one	CODY of t	<u> </u>	<u> </u>		(			<u></u>			
Tolove	e's Signati	JUPY OF T	nis torm	as ackn	owledge	ement of rece	eipt from you	ur employ	yer.			
ادردام	Ciginati	<b>.</b> , 0	1.						Date		<del> </del>	7
•	L.		1/2		•	:		1	7.	22.0	ייה ול	
_/_	<u> </u>	117								ad.O	14/	1



# City of Henderson COPY





			Date		<del></del>	
Employee's Signature	ement of rece	pt from your emp	loyer.		,	
Please sign one copy of this form as acknowledg						
(Mutheak le)	Tester's Signati		Test Date ar	nd Time		
Tester's Name	1		Campragor	Čara.		*-
Audiometer	Serial Ni	Examiner				
	;	8000 Hz	65	40 40		
		$6000~{ m Hz}$	55 55	20 45		
	. :	3000 Hz 4000 Hz	5ñ	05 10		
· <del>-</del>		1000 Hz 2000 Hz	45	15		
Abnormal Appearance	:	990 Hz	1ty 40	15 20		
or Debris	Compl Audiog	'Frequency 1000 Valid	τ.	Rist		
Excessive Wax	Recom	· Pactent <u></u>	Panglo	1, Ja	red	
Normal Appearance	Retest	00000 # <i>co</i>	unt. 0000	Treese	11	⊫ 06:54
	Medica	Te + invi	ai bab Dafi	07/03 ≥ 04/07/ 07/14/05	06	rut
Otoscopic Examination Rec	omment	Calibrat	i es es 170 c	4. 11	1	
Otopa	-		nd 4K Resu	ilts: L	<del></del>	
and 4K Results:		Aye	rage of 2K,	3K, -		
Average of 2K, 3K,	·					
600 400 600	0008 00	500 1000 20	000 3000	1	8 000	
1900 (1000 (3000) 651.		Frequen	cy in Her	z (Hz).	Left F	
Frequency in Hertz (Hz), Rig	uuometi	ic Results				
۸,	rdi			OF	I-ICE	R
CITY OF AEND	ERSON		Polle	/ <del>/-</del>		
Organization/Employer	<u>v 51.</u>		24	7/2/	1 74	].
L 3550 TIMEN 51		. A	ige	7/6/6 Date of Birth	05	
SPANGLER, JARLEN	F		Sex	Date of Exam	ination	
Name (Last Flist Middle)	d 03019	· 			#ELOT	
Henderson, Nevad	00015		OF Y	SHEE	ning St	ininalional

28



FireIlghters and Police
Officers E
Hearing Examination
Form

Nami	e (Last, Fir	st, Middle)				··········	<del></del>		Sex	In:	ate of Examination
		SPAN	GLER,	JARE	$\mathcal{O}$	F.			m		8/17/06
Addre	355					:	<del></del> .	<del></del>	Age	De	ate of Birth
	<u> </u>	10 Tu	GCGR, INORA	Sud.	N				27		7/2/79
Organ	nization/En	npioyei							Occupation	n	1/24
		<u> </u>	TY of	F HEA	WERS	on			POL	ICE	OFFICER
			<del></del>				···	<del></del> _	<u> </u>		000000000000000000000000000000000000000
					Aud	liomet	ric F	Resu	lts		
	reque	nev in	E OVE	11451		t Ear					
	1		,								tz (Hz), Left E
500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000 6000 8
					<del></del>	†					
	<u> </u>	L	<u></u> J			l ca	die e	Silver in the	na veri arri	ورو درو	J61 -⊔∍: m s r
					-	Cal	ibrat	<u>ion Du</u>	e Date	04/ 05,	.07
	1	Average	e of 2K	, зк,		7 1.es 88#	:t :02! : 083:	5 3 <u>000</u> 93	Date 00 Job.	1-1.720년 1 <b>D</b> (海道:	
		and 4	4K Res	ults: L		<del>-</del>	-	~			
						Pat	iect_	ساب	<u>uw</u>	<u>`</u>	pungler
O	tosco	nic E)	kamina	ation	Rec				Left	 Rie	
1070	15 of 2 and 11	And the second	\L.,,,,	111011	1100	100	0 Val			20	
	Right	Te describe the					O Hz O Hz		45 50	25 20	
			Vormal	<u>-</u>	ļ	- 90	ü Hz		55	10	
<u> </u>			Appeara	nce			0 8z c - 5		60	25	
			xcessiv		ļ		0 Hz 0 Hz		55 70	35 53	
<del>  -</del>		o	r Debris	<b>;</b>			O Hz		70 70	45	
			\bnorma								
<u></u>			p <u>ea</u> rar		<i>f</i> .	t Xa:	miner.				<del></del>
	20/2	a	<u>_</u>	PV	(						
	20/2	20			90			1			
H	201	ಬ		~ (	40	- I					
olo	ر) م راح	ساله						L			
	iometer				·····	<del></del>					
Audi	Onetel					Serial N	lumber			Calib	ration Date
	ers Name			Title		Testers	s Signatu	ıre	·-····································	Test [	Date and Time
$\lceil \overline{\mathcal{V}} \rceil$	<u> r.k.o</u>	atric	C	100	up Coo		/_	52			X · 17.06
					•	ledgement	of rece	int from	VOUEEmr		<u> </u>
	oloyee's S		,						your emp		
	, /	, /	į.	2						Date	)
	1	_ //		11 1							hila
	1/2	<u>ν</u> .	<del>///</del> /	<u>4//</u>						_   8	PY/CC
	<del></del>		<del></del>	<del></del>							



## City of Henderson 240 Water S . O Box 95050 Henderson, NV J9009-5050



Firemen And
Police Officer's
Hearing
Examination Form

30

[h	lame (Last, F	irst, Middle	e)	<del></del>					.a	ğ		Ex	Hear	ring on Form
_	SPA	NGCER	8, 3,	1R+7	j—			Se	х	10	ate of Exa			
A	SCA ddress 256 7 rsonal Physic		<del>y</del>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>				m		9	7/13/o	7	
3	<u>556                                   </u>	LUNDRA	SUL	W 5	7 (1	2	30.	Age		D	ate of Birth	]		
Pe	rsonal Physic	cian's Name	9		7 20	100,	59/22	Occ	Q8- upation		7/	2/79		
	<u>D</u>	K. K	1LPATA	SICK				1000		<b></b>		/		
						Audiom	etric	Dogu.		PLICE	OF	FICER		
4. C.	10 15 15 15 15 15 15 15 15 15 15 15 15 15	Sizinger	\$250 Sec.	10/200			>111C	<b>កម</b> ទប្រ	its					
	T Gil	lency in	1 Hertz	(Hz), R	ght Ear		1 ,		Eroc			8 17 J.		
500	1000	2000	3000	4000	6000	8000	1	500	Pred	riefich	in Hert	z (Hz), I	Left Ear	
L					<del></del>	1000		500	1000	2000	3000	4000	6000	8000
	· ·				<u> </u>		1 1							0000
	Average	of 2K	3 K		· –		·							
	and 4	K Resu	lts:				,	A	verage	e of 2k	(_3K	<u></u>	<u> </u>	
			ļ			j			and	4K Re	sults:			
· ·		Otoscon	io Fue											
N. Transmission		- 103 <b>00</b> p	ic Exan	nination	1					J	Remark			
Righ	t Left					_				•	COMMIN	5		
						7 Ca.	1							٦
	1	- Norm	nal App	earance	)					U4/U5. to 04	/06 <b>ե</b> 9 /05/07	i m s	r	
		Exces	ssive W	ax or E	)ebri	Test ;#		19000 3	ಬಡಕಣ	- U8z];	3/07	Time (	77:ño	
		1	rmal Ap						u J	ob ID: r	iAà7É		~	
			,,,,	hedi ali	ce	atis	∋nt			lll		Span	gler	
						reau	lency		Lef	: <sub>4</sub>	hee.	_		
		REC	OMME	NDATIO	วทร	1000 500	Val i	dity			Right 25			
	7					1000	Hz		40 50		25			
	Medica	l Referr	al			2000 3000	Hz 1-		55		25 15			
	Retest	Recomn	nendad			4000 }	12		65 68		30			
						6000 k	12 1-		80		30 55			
	Comple	te Audi	ogram						70	Ë	15			
JdiOmete:	r		<del></del>		<del></del>	Examir	.eν							
slor's M	A franchista franchist			,										
112	F B	ret i	Title	in Co	A /		ester's	ignațure	<del></del>		<b> </b>			
/ —	Please	sian on	e cons	4010	oc!		$\mathcal{I}$	-gradule			Test Dat	e and Time	<del></del>	
ployee's	Signature 2	-J. 011	copy	or ruis	iorm ar	nd subm	it it t	о уоц	r empl	oyer o	Cornan	ization		
	12	$A_{\alpha}$	1							Dat	e /	, radioii.	<del></del>	<del></del>



Form OD-5 (rev. 7/99)

City of Herderson 240 Water St. O Box 95050 Henderson, NV 89009-5050



Firemen And Police Officer's Hearing Examination Form

<b>,</b>												Exa	Hearii minatioi	ng n Form
Nam	e (Last, Fir	st, Middle)		<del></del>			<u> </u>	Sex		Da	te of Exagn	ination		
	SPAM 550	OLER,	JA	-RED	/=	- -			m		8/4	1/18		
Addre	255		(11 .					Age		Dat	e of Birth			<del></del>
15	550	/UN	PRA	SWA.	N 57.	-			29		/	1/7	9	j
Perso	nal Physici	an's Name				<del></del>		Occi	pation			7/		
L			<del>-</del>			-			ď	POLIC	· E 1	OFF-10	r E a	
								I		<del></del>			LX	
					F	Audiom	etric	Resu	lts					
7.	Frant	Immese Fr	Line I		ight Ear	Sun Fig. Jap	1 1.	17 M		terante, and				
500		l			EIDE SEL				Freq	uency	in Hert	z (Hz), I	eft Ea	
500	1000	2000	3000	4000	6000	8000		500	1000	2000	3000	4000	6000	8000
			}	F					†——	<del>                                     </del>				
					<u> </u>		·			<u> </u>			<u> </u>	<u> </u>
Д	verage	of 2K	2 L/			7								
, ,		IK Resu				-	į	J		e of 2!				
				L	- <u></u>				and	4K Re	sults:			
on production of the second			,						······································					
	1	Otośco	pic Exa	minatio	n		Ja I	ibrat	ion D	lako 1	* = - * * * *	17 59:a	) <u>1</u>	
		<b>3</b>					. 1 1	H. C. C. I	սո քա	e Dati	≠/19/U ≘ 11/1	M by:m 8/88	1SV	
	1						95₽ 3₽	• 100	00 <u>0</u> 00	Date (	08/04/	08 T	'ime ()	8.4:
		Nor	mal Ap	pearanc	ce		<i></i> 1₹	714 - TUTE	ոսն <u>որ</u> Մաս	აქი:	o ID:A	à=É	,	_ ,.
·							atie	∍nt	2/6	<u>Llie</u>	<u> </u>	20Ce	ul	
			6221A6 /	Wax or	Debris		Kear	lency	-	7 0		- U	4	,
		Abn	ormal A	Appeara	ınce		000	Valid	ditu	Left	R: 25	isht =		
							500	$H_{Z}$		35	25 25			
							nng.	Hz Hz		45	20			
		RE	COMM	IENDAT	TONS			Hz		45 55	15	O:	14/	
	_					H	300 .	Hz		55 55	30 40		ATSOA AAI	
	Medic	cal Refe	erral				000 : 006 :			70	60			
	٦,,,,							14.		60	50			
	Reces	t Recor	nmende	eď		Ë×	i6mj∕	<u></u> - عود						
	Comp	lete Au	diogran	n										
	-J		J											
udiomet	er .			<del></del>	<del></del>		Seri	al Numbe			10-11	entia - C		
ester <u>'s 1</u>	James /	9	/ [	<u> </u>				1_		_	Calp	ration Date		
NA	Le to	POIN	た   //	hun (	Con	c I	Test	er s Sign.	ature		Test	Date and 1	inte	
1	Pleas	sesian	one				h with					CLIC	3 <b>V</b>	
nnlovec	's Signature		7 //	y or u	1101 CII	and st	ınmıt	II to 3	rour er	nploye	r or org	anizatio	on.	
ubioxee	s signatult									- <del></del>	Date	//		



City 01 Henderson 240 Water Stl O Box 95050 Henderson, NV 3009-5050

**COPY** 

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle)		Examination Form
SPANGLER, JARED F.	Sex	Date of Examination
3550 TUND, RA SWAN, LV, NV, 89/22 Personal Physician's Name	Age 3 0	Date of Birth
Alldiometrie	Pol	LICE OFFICER

Ed that the control of the control o	metric Resu				
Frequency in Hertz (Hz), Right Ear  10 1000 2000 3000 4000 6000 800	500	227	gram	Active Yes English	
		Most F	Recent Test:		1
Average of 2K, 3K, and 4K Results:		500 IK	24 2009 Tür <u>Left</u> 45 50	ne: 9:22:51 <u>Right</u> 25 20	
Otoscopic Examination	tigation can be be automorphism to a pro-	2k.	50. 65	30	
ht. Left		- 46 - 45 - 48	55 60 85	46 50 50	
Normal Appearance		Extanung Model:	ī,		
Excessive Wax or Debris		Serial al.		Next 25654 5-7-2009	
Abnormal Appearance		Baseline:	of the state of th	St \$3 6-1989	
RECOMMENDATIONS		No Baseli Current			
		SHAST.	Left	<u>Righ</u> i	
Medical Referral		(Age Corre Possible	ected). No	No	
Retest Recommended	,	Rec Shift	No	No	
Complete Audiogram		5.1.2,3K A 2.3,4K Avg 5.4O - 197	56	22 28 3%	
eter	Serial Numbe	<u>Examiner</u>		Date	
Name GA Title My Con	Tester's Sign	Subject		Date	
Please sign one copy of this form and s	ubmit it to		_	E/dlt	<del></del>

## (COPY

Firemen And Police Officer's Hearing

Name (Last, First, Middle)		1	xamination f	orm
SPANGLER, JARED	Sex	Date of Examination		
Address	Age	7/2:	2/10	
Address  3550 TUNDRA SWAN ST.  Personal Physician's Name	[ <sup>nge</sup> 31]	Date of Birth	170	
Personal Physician's Name	Occupation		/ / 4	
	./	OLICE O	FFICER	1
Audio	metric Results			
Frequency in Hertz (Hz); Right Ear		Subject home officers	an a	1500
500 1000 2000 3000 4000 6000 8000	Freque	Saara Saara		
3000	500 1000 21		10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		no Recent lesi	-: ·i]	
Average of 2K, 3K,	n	Accelle 1 Col	1 18 1	
and 4K Results:	Average o	arms of the second of the seco	ti	
			45 <u>.</u> わた 15	
Otoscopic Examination	:		11	;
		1.	55 £	;
den a a a		88. En 199	79 18	' ]
Normal Appearance		M 1	New	
Excessive Wax or Debris			2565- + 5.2010	1
Abnormal Appearance			-3.6-1989	i
		Basels		-
RECOMMENDATIONS		- Cuca vaisas	. gr - Year of Monay's simbolin, magazia	
			n <u>Ria</u> .	
Medical Referral	<b>+</b>	~ .	No N	,
Retest Recommended		ж. Аай	No. No.	ò
Complete Audiogram		The Article	50. 25 5 28	
		-	= 0 6 " o	
liometer	Serial Number	1	Δ	
ef'siName/	Tester's Signature	(Yerl	J '	¢.
Please sign one contrast this family			٠ ;	
Please sign one copy of this form and s	upmit it to your employ			

ıployee's Signature

OD-5 (rev. 7/99)

33

## @COPY

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle)	Sex Date of Examination
SPANGLER, JARED F.  Address 3550 TUNDRA SWAN ST.	M 8/17/11
Address	Age Date of Birth / /
3550 TUNDRA SWAN ST.	132 7/2/79
Personal Physician's Name	Occupation
	POLICE OFFICER
Audiome	circ Results  CITY OF HENDERSON
Frequency in Hertz (Hz), Right Ear	Subject Information: SSN
500 1000 2000 3000 4000 6000 8000	500 10 Status: Active 80
	In Program: Yes
	Language: English
Average of 2K, 3K, and 4K Results:	Most Recent Test:  Date: 8/11/2011 Time: 9:08:33 —  Left Right  500 40 25 —  1K 50 25
	2K 50 15
Otoscopic Examination	3K 60 30
	4K 60 40 6K 65 55
Right Left	8K 55 55
Normal Appearance	Examiner:
	Model: Next Serial: 25654
Excessive Wax or Debris	Cal: 4/19/2011
Abnormal Appearance	ANSI S3.6-1989
	Baseline: No Baseline
RECOMMENDATIONS	Current Analysis:
	<u>Left</u> <u>Right</u>
Medical Referral	OSHA STS (Age Corrected): No No
<del></del>	Possible
Retest Recommended	Rec Shift No No
Complete Audiogram	.5,1,2,3K Avg: 50 23 2,3,4K Avg: 56 28
	AAO - 1979: 6%
diometer	Serial Number
	Examine Date
stely's Name Title	Tester's Signaturi
Please sign one copy of this form and su	Subject Date
ployee's Signature	Market Company and the Company and Company
ipioyou a digrature	Subject Test

## (COPY

Firemen And

														lice Offi Hearin mination	q
Addre	e (Last, Firs	PANC	Su.	JAF AN S	RED ST.			Age	M			of Exami	Mation/	\	
Person	nal Physicia	an's Name		<del></del>	,	Audion	etric			OLIC	CE	OFF	=10£	R	
500 25	Frequence 1000	2000	3000	(Hz), R 4000	ght Ear	8000	1	500		equen 0 20		n Hert 3000	z (Hz), 4000	.eft Ear 6000	8000 15
Α		of 2K, IK Resu		58	.3		· · · · · · · · · · · · · · · · · · ·		Avera			(, 3K, sults:	2	6.4	
Right	Lef	Nor	mal Ap	<b>minatio</b> pearanc Wax or	ce			Calibr Cest :	oratio ration	on Da n Due I IOOO	 ute Da Dats Jats	(te O2 ≀ O8/1 ∣ob ID	Беи 712 Бу 722/13 3/12	ial# 33 :audmed Time 1	4
		Abn	ormal A	Appeara	ince		F 1	Patier Preque 1000 V 500 H 1000 H	ency /alid: łz łz	it⊌		<u>)                                    </u>	Right 20 25 20		
	1	cal Refe					3 4	3000 + 1000 + 1000 +	lz Iz		65 60	i I	30 40		
	Retes	t Recor	nmende	ed.		)	¢	1000	12		65	)	65		

Audiometer h 1 2 5 3		Serial Nurpher7 (41)	
AMBLO		15590	Calbration Date
Tester's Name AUX MOVEMO	Title MA	Tester's Signature	Test Daire and Time
	copy of this form a	and submit it to your employ	7 7 7
Employee's Signature	7) /	and subtine it to your employ	er or organization.
2proyec 5 organicale	V A		Date

8000 Hz

Examiner\_\_

Retest Recommended

Complete Audiogram

65

65 75

# **©COPY**

Firemen And Police Officer's Hearing

7.29.13

36\_

Name (	Last, Firs	t, Middle)	<del> </del>		<del></del>						E	xaminatio	on Form
		5	pangl	ler, Jana 5	ared			Sex	~~ ~`		of Examination	<del></del>	
Addres:	s 39	350	Tund	1:000 5°					Μ) —		1.29.13	3	
	_le	75 Ve	5000 5000	NV 2	030m	7	Ī	Age	34	,	of Birth		· · · · · · · · · · · · · · · · · · ·
Persona	al Physicia			1 <u> 1                                  </u>	) 112			000		'	7.5.7	9	
<u> </u>	<del></del>	<del></del>	N/A					Occu	patio	P.O.			
					ļ	Audiome	etric	Resul	ts	<del></del>		<del></del>	·
	Frequ	ency ir	1 Hertz	(Hz), Ri	aht Ear		I						
500	1000	2000	3000	4000						Most Recen	t Tast		
		<del></del>	-	1000	6000	8000	i	500	10	Date: 7/24/	2013 Time:	7:08:44	8000
L			<u> </u>				F I		_		<u>Left</u>	Right	10000
							1	L	<u> </u>	500 - <del></del> 1K	40	35	
Αv	erage	of 2K,	2 <i>V</i>	<del></del>		-				2K	2.0	25	
	and 4	IK Resu	dte.			İ			٩vı	3K	35 65	20	
		1(03(	A1(5,	L						4K	60	40 45	
										σK	65	80	
<del></del>		Otocco	nio F				······································			8K	-60	65	
		Otosco	hic FX9	minatio	n					Examiner: Model:			
MANA W	10:36	(A)								Serial:		Next	
Right	Lef									Cal:	1/1	25654	
	7		1 4								4: 1 ANSI S	2/2013 3.6-1989	
	<del> </del>	NOI	rmai Ap	pearan	ce	Ì				Baseline:			
		Exc	essive	Wax or	Dobrio					No Baseline			
<del></del>	<del> </del>									Current Analy			
		Abı	normal .	Арреага	ance	ļ				Current Analy	rsis: <u>Left</u>	D1	
						:				OSHA STS	<u>Den</u>	Right	
										(Age Corrected	): No	No	
		R	ECOM	MENDA.	TIONS					Possible		1,0	
					110142					Rec Shift .5,1,2,3K Avg:	No	No	
	7									2,3,4K Avg:	52 60	30	
<del></del>	Iviedi	ical Ref	erral			1				AAO - 1979:	13° a	35	
	Rete	st Reco	mmeno	dod							1.5 (	)	
<del></del>	7									Examiner		Dete	
		plete A	.udiogra	ım								Date	
Audiomet				<del></del>	·····		<del></del>	·	-	Subject		Date	
							Seri	ai Numb	· (			_	
Tester s A	lame		T	itle			Tec	ter's Sigr	10tu				
	Dia -			·		<del></del>	1	_			Test Date		
	P1ea	ise sigr	one co	opy of t	fis for	m and su	ıbmit	it to	VOU	ır employer			<del></del>
Employee'	's Signatu	re	117	1		<del></del>			, , ,	- cripioyer	or organi	zation.	

Form OD-5 (rev. 7/99)

## **©COPY**

Firemen And Police Officer's Hearing Examination Form

Name (Last, First, Middle)		
· · · · · · · · · · · · · · · · · · ·	Sex	Date of Examination
Spargler, Jared	M	8.7.14
3550 londra Swan	Age	Date of Birth
Address 3550 TUNDIA SWAN LOS VEGAS NV 89122  Personal Physician's Name	_ 35	7.2.79
	Occupation D	
		. 0 -
Audiome	tric Results	

						F	Audiome	etric	Resul	ts				
	Freq	uen	cy in	Hertz	(Hz), Ri	ght Ear		1	N. W. Sylve Proceedings	Frequ	٠			
>	1000	- 1	000	3000	4000	6000	8000		500	1000		Recent Te 7/31/2014		7:29:39 <u>Right</u>
			Charles 129		<u> </u>		<u> </u>				500 1K		50 55	30 30
1	verage and	e of 4K	2K, Resu	3K, ılts:					,	Average and	2K 3K 4K 6K 8K		65 65 65 80 75	25 45 50 65 55
	i L	Ot	osco	pic Exa	minatio	n					Exami Model Serial: Cal:			Next 25654 1/9/2014
÷		_	7	mal Ap							Baseli No Ba		ANSI	S3.6-1989
		<b></b>	1	essive normal		Debris						nt Analys	is: <u>Lef</u> t	Right
	l		) // ~>	Hos C	ontin	ر مارد	1,	ı			OSHA (Age C Possib	Corrected):	No	No
			R	RECOMI NGS G	MENDA	Care TIONS e of ch	,				Rec Sl .5,1,2,3 2,3,4K	K Avg:	<b>No</b> 58 65	No 32 40
	Me	dica	ıl Rei	<sup>f</sup> erral	Buda	of ch					AAO -			7%
	Ret	test	Reco	ommen	ded						Exami	ner		Date
_	Co	mple	ete A	udiogra	am						Subjec	t		Date
m	eter	· · · · ·	<del></del>	<del></del>		<del></del>		Se	erial Numb	per		_   Cal	bration Da	ite
r's	Name				Title	<del></del>	<del></del>	Te	ster's Sig	nature	<del></del>		t Date and	
	PI	ease	- sim	000	ony of	Alii C				your en				

Form OD (rev. 7/99)

8.7.14 37

## 霉 WellTrac

# CITY OF HENDERSON HEARING CONSERVATION PROGRAM 2015 RETEST

Date: <u>Ú</u>	D-1-20	015	i			
Name:	Spangler,	Jared F.	1			
Base Line Year <u>2003</u> Results *(* If first visit N/A)				2015 ReTest Results		
, , , , , , , , , , , , , , , , , , ,	Right Ea	r Left Ear	i	Right Ear	Left Ear	
KHZ 2	10	30		25	60	
KHZ 3	15	30		<u>50</u>	70_	
KHZ 4	20	40		50	65	
AVERAGE	15	33.3 divide the total F		41.6	lo5	

Employee's Name: Spangler, Jared F. Social Security # or Employee ID #: 16712 Type of Test ☐ Baseline ☐ Annual ☐ Exit ☐ OSHA **□**MSHA ☐ FRA Other Employee's Noise Audiometer Exposure Level dB(A) Serial# 010303000488 Audiometer Baseline Calibration Right (month/day/year) 01/22/2015 (month/day/year) 2003 Today's Test Environment Baseline Date Certification 10-1-2015 Left (month/day/year) (month/day/year) 01/22/2015 (month/day/year) 2003 500 1000 2000 3000 .5K 1K 4000 2K 3K 4K 6K 8K 6000 0008 Right 30 0 25 90 50 50 60 65 10 Left 50 60 70 65 80 20 30 Key 40 interisity (dB) 50 Right Red 0 60, Left Blue Х 70 80 Comments 90 100 Frequency (Hz) ▶ I have been counseled about my hearing test results. Signature Test Results Microprocessor Hz Left Right Microprocessor 500 50a 30a Results Here 1000 55a 20m · 2000 60a 25a 3000 70a 50a 4000 65a 50a 6000 75a 60a 8000 80a 65a Examiner's First Name Examiner's Last Name CAOHC Certification #

► Examiner's Signature

39

\_\_\_\_\_\_ 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.

Claims Representative

enc:

NRS 616C.150, 617.440

"Request for Hearing" form

cc:

City of Henderson,

File

FILED
ILED

	1		<u>B</u> 1	EFORE THE APP	EALS OFFICER	MAY 1 0 2016
	2	T.J	the Matter of the Contested		_	APPEALS OFFICE
	3	In	dustrial Insurance Claim of:	)	Claim No:	15C52G555847
	4		RED SPANGLER,	)	Appeal No:	1524756-GB
	5		,	) aimant.		
	6					
	7			F APPEAL AND		
	8	1.	ALL PARTIES IN INTI on a STACKED CALEN	EREST ARE HEADAR by the Appe	REBY NOTIFIE als Officer, pursu	D that a hearing will be held ant to NRS 616 and 617 on:
	10		<b>DATE</b> : JUNE 20, <sup>5</sup> 2 <b>TIME</b> : 1:00PM ST	2016,		
	11		PLACE: DEPT OF A	ADMINISTRATION RANCHO DRI	ON, HEARINGS	DIVISION
	12		LAS VEGA	AS NV 89102		
]	.3	2.	The <b>INSURER</b> shall complete Claimant's file relating to the	oly with NAC 616 he matter on appea	C.300 for the prol.	ovision of documents in the
1	4	3.	ALL PARTIES shall coinformation to be considere	omply with NAC	616C.297 for	the filing and serving of
1	5	4.	to so consider	d on appear.		
1	6		Pursuant to NRS 239B.03 social security numbers reffect must be attached.			
1	7		effect must be attached. Division.	the documents of	nerwise may be	rejected by the Hearings
18	3 ∦ :	5.	Pursuant to NRS 616C.282, subject to the Appeals Office	any party failing to	o comply with N	AC 616C.274336 shall be
19	!!	5.	y was the appears office	or a orders as are in	ccessary to direct	the course of the Hearing.
20			In the event that all parties to SET FOR A DATE AND LEAST TWO (2) DAYS proby letter, facsimile or by em			
21			parties to the action have a	oreed to remove i	Office advising	the Appeals Office that all
22			continuance of the hearing of matter will otherwise proceed AVAILABLE BASIS			
23			TITLE IN LIE BY IN INC.			
24	7.	•	The injured employee may advice from the Nevada Attor	be represented by ney for Injured W	a private attorne	ey or seek assistance and
25			IT IS SO ORDERED this /	(Hoday of May	2016	
26			<u> </u>	day of iviay,	2010.	
27				A Jo maran .	10 . 11 2.	south A
28				GEORGANNE W	BRADLEV ES	10 0 /
				APPEALS OFFIC	ER	41

**CERTIFICATE OF MAILING** 2 The undersigned, an employee of the State of Nevada, Department of Administration, 3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing 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: 5 6 JARED SPANGLER 3550 TUNDRA SWAN ST 7 LAS VEGAS NV 89122-3501 8 THADDEUS J YUREK III ESQ GREEMAN GOLDBERG RABY & MARTINEZ 601 S 9TH ST 10 LAS VEGAS NV 89101 11 CITY OF HENDERSON 12 ATTN ROBERT OSIP 240 S WATER ST MSC 122 13 HENDERSON NV 89015-7227 14 DANIEL SCHWARTZ ESO LEWIS BRISBOIS BISGAARD & SMITH LLP 15  $2300~\mathrm{W}$  SAHARA AVE STE  $300~\mathrm{BOX}~28$ 16 LAS VEGAS NV 89102-4375 **CCMSI** JULIE VACCA CLAIMS SUPERVISOR POBOX 35350 LAS VEGAS NV 89133-5350 Patti Fox, Legal Secretary II Employee of the State of Nevada

17

18

19

20

21

22

23

24

25

26

27

28

42

## STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: Claim Number:

1523393-MTE

15C52G

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,

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

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 0 9 2016

## 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 \_\_\_ day of May, 2016.

Dan Baiza

Employee of the State of Nevada

Nev

Department of Administration Hearings D 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:

EMPLOYE	R INFORMATION A CONTROL OF THE PROPERTY OF THE
Claim numb	er: 16C52G555847
Employer:	City of Henderson
Address:	240 Water Street
1	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

<u>March</u> 28, 2016 Date

## 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.



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,

Claims Representative

enc:

NRS 616C.150, 617,440

"Request for Hearing" form

cc:

City of Henderson,

File

			e <sup>*</sup>	DC	OC012	PAGE 000013
1			BEFORE THI	E APPEALS OFFIC	.P.K	MAY 1 0 2016 EALS OFFICE
3		Matter of the Crial Insurance C		) ) Claim No:		<del></del>
4				) ) Appeal No	o: 1524756	5-GB
5	JAREI	D SPANGLER	, Claimant.	) ) _)		
7			NOTICE OF APPEA	L AND ORDER T	O APPEAR	
8	1.	ALL PARTI	ES IN INTEREST AI ED CALENDAR by the	RE HEREBY NOT he Appeals Officer, 1	' <b>IFIED</b> that a	a hearing will be held IRS 616 and 617 on:
9 10 11		DATE: TIME: PLACE:	JUNE 20, 2016, 1:00PM STACKED DEPT OF ADMINIS 2200 SOUTH RANC LAS VEGAS NV 89	TRATION, HEARI HO DRIVE, SUITE	NGS DIVISI	
12 13	2. The <b>INSURER</b> shall comply with NAC 616C.300 for the provision of documents in th Claimant's file relating to the matter on appeal.					
14	3. ALL PARTIES shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.					
15 16 17	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.					
18	5.	Pursuant to N subject to the	RS 616C.282, any part Appeals Officer's orde	y failing to comply ors as are necessary to	with NAC 61 o direct the co	6C.274336 shall be ourse of the Hearing.
19 20 21 22 23	6.	SET FOR A LEAST TWO by letter, facs parties to the	nat all parties to this act DATE AND TIME (2) DAYS prior to the imile or by email, to the action have agreed to f the hearing date also herwise proceed as schemes as Schemes and DASIS.	CERTAIN, you are escheduled Hearing the Appeals Office action or may be obtained to may be obtained to the action of the action	e hereby req g date a writte dvising the A n from the S pursuant to N	pured to submit Aren request, submitted ppeals Office that all tacked Calendar. AS JAC 616C.318. The

The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers. 7.

IT IS SO ORDERED this 14th day of May, 2016.

23

24

25

26

27

28

GEORGANNE W BRADLEY, ESQ. APPEALS OFFICER

#### **CERTIFICATE OF MAILING** 1 2 The undersigned, an employee of the State of Nevada, Department of Administration, 3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF APPEAL AND ORDER TO APPEAR was duly mailed, postage 4 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: 5 6 JARED SPANGLER 3550 TUNDRA SWAN ST 7 LAS VEGAS NV 89122-3501 8 THADDEUS J YUREK III ESQ GREEMAN GOLDBERG RABY & MARTINEZ 9 601 S 9TH ST 10 LAS VEGAS NV 89101 11 CITY OF HENDERSON ATTN ROBERT OSIP 12 240 S WATER ST MSC 122 **HENDERSON NV 89015-7227** 13 14 DANIEL SCHWARTZ ESQ LEWIS BRISBOIS BISGAARD & SMITH LLP 15 2300 W SAHARA AVE STE 300 BOX 28 LAS VEGAS NV 89102-4375 16 17 **CCMSI** JULIE VACCA CLAIMS SUPERVISOR 18 P O BOX 35350 LAS VEGAS NV 89133-5350 19 Dated this 20 21 Patti Fox, Legal Secretary II 22 Employee of the State of Nevada 23 24 25

26

27

28

# STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION 221 MAY 0

HEARINGS DIVISION 2015 MAY

3315 MAY -2 AM 10: 34

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: Claim Number:

1523393EMMED

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 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 0 9 2016

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 SALAS 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 2<sup>rd</sup> 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 I 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 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 4th day of April, 2016.

Dan Baiza

Employee of the State of Nevada

Levada Department of Administration Hearing invision 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

3

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:

Telephone:

Signatur

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

March 28, 2016

Date

APR 0 1 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-江丁



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,

Claims Representative

enc:

NRS 616C.150, 617.440

"Request for Hearing" form

cc:

City of Henderson,

File