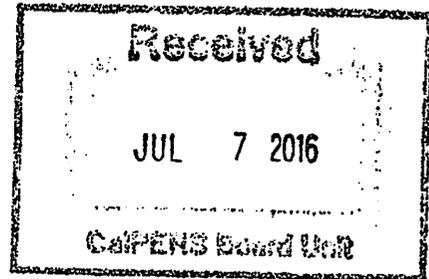


ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

CalPERS Administration
 c/o Cheree Swedensky, Assistant to the Board
 P.O. Box 942701
 Sacramento, CA 94229-2701



Subject: Respondent's Arguments (Case # 201-3-0989 OAH# 2015070900)

3 July 2016

To CalPERS Board of Administration:

I do hereby challenge the ruling made by the Administrative Law Judge (ALJ) against my claim for CalPERS Disability Retirement benefits. My challenge is based on the fact the ALJ failed to apply the laws of the State of California pertaining to the admissibility of evidence I presented to prove my condition of being disabled.

At the hearing the lawyer for CalPERS asked that my evidence only be accepted as hearsay and the ALJ failed to act in the best interest of the laws of the State of California in as much as she allowed my evidence be submitted only as hearsay. The ALJ's failure to apply and protect the laws of the State of California, and therefore my civil rights, are demonstrated in the fact that the Documents I submitted from CalSTRS, the US Social Security Administration, the Police Report, and the many medical records submitted, are clearly admissible in accordance with California Evidence Code 1271.

1270. As used in this article, "a business" includes every kind of business, governmental activity, profession, occupation, calling, or operation of institutions, whether carried on for profit or not.

1271. Evidence of a writing made as a record of an act, condition, or event is not made inadmissible by the hearsay rule when offered to prove the act, condition, or event if:

- (a) The writing was made in the regular course of a business;
- (b) The writing was made at or near the time of the act, condition, or event.

The failure of the ALJ to accept my evidence supporting my claimed "condition" of being disabled and to apply appropriate weight to said evidence, against any evidence submitted to the contrary by CalPERS, when making the ruling did violate my Civil Right to equal protection under the law, and is therefore tantamount to discrimination under the law.

The evidence I submitted that should have been accepted and given full faith and weight against that submitted by CalPERS are:

Supporting Claim of "condition" of Disability:

1. Document from CalSTRS awarding Disability Retirement
2. Document from US Social Security Administration awarding Social Security Disability
3. All medical records from Kaiser and other medical facilities

Supporting claim of an accident (the "act" or "event") as the cause of the condition disability:

1. Police Report

All of these documents are "Evidence of a writing made as a record of an act, condition, or event" that were "made in the regular course of a business" and "at or near the time of the act, condition, or event" and are therefore fully admissible as evidence supporting the claim of my condition.

Additionally, the CalSTRS and the US Social Security Award Letters are covered under California Evidence Code 1530.

1530. (a) A purported copy of a writing in the custody of a public entity, or of an entry in such a writing, is prima facie evidence of the existence and content of such writing or entry if:

(1) The copy purports to be published by the authority of the nation or state, or public entity therein in which the writing is kept;

(2) The office in which the writing is kept is within the United States or within the Panama Canal Zone, the Trust Territory of the Pacific Islands, or the Ryukyu Islands, and the copy is attested or certified as a correct copy of the writing or entry by a public employee, or a deputy of a public employee, having the legal custody of the writing.

The Award Letters are official government documents (writings published by the authority of the nation or state) and are a record of the actions taken by both State and Federal entities for which said entities retain said records of the evidence used to arrive at the stated findings mentioned in the Award Letters. The writings of those action are kept within the US and are available should there be a need to examine said evidence upon which their decisions were made. However, the Award Letters attest to the actions taken by the official State and Government Agencies based upon their legally defined processes and are therefore prima facia evidence attesting to the fact that said agencies did make the findings of Disabled with respect to my condition.

Furthermore, the ALJ failed to apply California Evidence Code 1280 when considering the evidence submitted in the form of letters from my employers at California State University San Marcos (CSUSM), MicaCosta College, and Palomar College.

1280. Evidence of a writing made as a record of an act, condition, or event is not made inadmissible by the hearsay rule when offered in any civil or criminal proceeding to prove the act, condition, or event if all of the following applies:

(a) The writing was made by and within the scope of duty of a public employee.

(b) The writing was made at or near the time of the act, condition, or event.

(c) The sources of information and method and time of preparation were such as to indicate its trustworthiness.

In all cases these writings were "made by and within the scope of duty of a public employee" as all persons writing these letters are public employees of the State of California. The writings were "made at or near the time of the condition" as they spoke to and established my condition prior to the accident, and established my current and on-going condition as it was at the time of the writing. The sources of the information, method and time of the preparation of the letters was due to the timing of the hearing and my challenge to CalPERS' original denial of my Disability Benefit, were written on official letterhead and in the capacity of each individual as a public employee. These letters therefore should be considered as evidence supporting my condition and abilities prior to my accident, my inability as a result of the accident to continue to function in the capacity for which I'd been hired, and my on-going condition and it impacts upon my ability to perform my normal duties for which I was hired.

There is no way under the law that CalSTRS and the US Social Security Administration can find me Disabled and eligible for benefits while at the same time CalPERS find me able bodied and ineligible for Disability benefits. It should be noted that US Social Security Administration determination is based on a more strict set of requirements than that of CalPERS in as much as Social Security requires the individual

to be "unable to perform any gainful employment" as opposed to those of CalPERS which are based on the "inability to perform normal duties." If in fact the CalPERS determination were correct, then there is no possible way for me to have qualified for Social Security as clearly I would have been capable of performing gainful employment.

Additionally, it should be noted that just because the CalPERS IME states in his report that I'm able to perform my normal duties; contractually my employer at CSUSM has no legal obligation to admit me to return to work without a note from my treating physician releasing me to return to work. At this time my treating physician is unwilling to provide any such release to return to work; as evidenced by the continued treatment for my ongoing condition. Therefore, regardless of the CalPERS IME report, my treating physician is unwilling to release me to return to work and therefore my employer, CSUSM, is unable to offer me continued employment under the original terms of my contract citing the contractual rules that once an employee is released on long-term disability there must be a release notice for return to work provided by the employee's treating physician.

There are further articles of evidence that I submitted supporting my "state of mind, emotional, or physical sensation (including [...] mental feeling, pain, or bodily health) that should be considered as evidence in accordance with California Evidence Code 1250 and 1251.

1250. (a) Subject to Section 1252, evidence of a statement of the declarant's then existing state of mind, emotion, or physical sensation (including a statement of intent, plan, motive, design, mental feeling, pain, or bodily health) is not made inadmissible by the hearsay rule when:

- (1) The evidence is offered to prove the declarant's state of mind, emotion, or physical sensation at that time or at any other time when it is itself an issue in the action; or
- (2) The evidence is offered to prove or explain acts or conduct of the declarant.

(b) This section does not make admissible evidence of a statement of memory or belief to prove the fact remembered or believed.

1251. Subject to Section 1252, evidence of a statement of the declarant's state of mind, emotion, or physical sensation (including a statement of intent, plan, motive, design, mental feeling, pain, or bodily health) at a time prior to the statement is not made inadmissible by the hearsay rule if:

- (a) The declarant is unavailable as a witness; and
- (b) The evidence is offered to prove such prior state of mind, emotion, or physical sensation when it is itself an issue in the action and the evidence is not offered to prove any fact other than such state of mind, emotion, or physical sensation.

These articles of evidence are the letters from friends and relatives (as well as those from my former colleagues previously mentioned above). These statements were all made to establish my ability prior to and after the accident, and are intended to clearly establish not only my claim, but the continuity of the evidence submitted from the many sources, including those of the treating physicians.

I ask that my evidence be granted the full weight it should carry against the limited evidence submitted by CalPERS and their "expert witness." It should be noted that I have challenged the credibility of the IME used by CalPERS and have submitted credible evidence to show the IME's failure to recognize and note numerous physical conditions that were clearly present at the time of his physical evaluation. As previously stated he made many false or erroneous statements in his report all of which my medical records from treating physicians refute. His claims at the hearing that these were mere "clerical" errors

should fail to hold any weight when compared to the records of treating physicians. Furthermore, if in fact they are clerical errors, then one must ask just how "credible" is the report written by the IME if he has so many "clerical" errors, and missed so many clear physical conditions which were obviously present at the time of his evaluation as evidenced by the medical records submitted as evidence against his claims.

By the preponderance of evidence supporting my claim of disability (inability to perform my normal duties as lecturer at CSUSM) combined with the inability to meet the contractual requirements necessary to return to work, there is no logical or legal way in which CalPERS can continue to deny my claim without further discriminating against me due to my disability (brain injury) and denying me my civil right of equal protection under the law.

I respectfully request that CalPERS re-evaluate my claim for Disability Retirement and that they take in to account ALL evidence legally submitted to support my claim.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia A. Anderson', written in a cursive style.

Patricia A. Anderson MSc

P.S. It should be noted that although I have read and attest to the information in this letter being true and correct, and that the contents are that which I desire to have stated, I required assistance in writing this letter as a direct result of the disability from which I currently suffer.



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

June 20, 2016

Ref. No. 2013-0989

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Patricia A. Anderson

Subject: In the Matter of the Application for Disability Retirement of
PATRICIA A. ANDERSON, Respondent, and CALIFORNIA STATE
UNIVERSITY, SAN MARCOS, Respondent

Dear Ms. Anderson:

We enclose a copy of the Board of Administration's Decision in the above matter. Please be advised that this Decision was made pursuant to the Administrative Procedure Act (Gov. Code, § 11370, et seq.) and California Code of Regulations, Title 2, sections 555-555.4, on June 15, 2016.

Any party who participated in this case and is dissatisfied with this Decision has a right to petition the Board for reconsideration within 30 days of the date of mailing of the Decision (the date of mailing is indicated on the attached Proof of Service), and the right of appeal to the courts within 30 days after the last day on which reconsideration can be ordered. (See Gov. Code, §§ 11521 and 11523.) It is not necessary that a Petition for Reconsideration be filed in order to appeal to the courts. (Gov. Code, § 11523.) **If you choose to file a Petition for Writ of Mandate, please submit a written request to our office for preparation of the administrative record.**

The Chief Executive Officer may grant a stay of the effective date of the Decision, not to exceed 30 days, so that a Petition for Reconsideration may be filed. If additional time is needed by the Board to evaluate a petition prior to the expiration of the stay, the Chief Executive Officer may grant an additional stay for no more than 10 days, solely for the purpose of considering the petition. If no action is taken on a petition within the time allowed for ordering reconsideration, the petition shall be deemed denied. (Gov. Code, § 11521.)

All Petitions for Reconsideration **MUST BE** received by the CalPERS Executive Office within 25 days from the date the Decision was mailed in order for the Chief Executive Officer to grant a stay of execution.

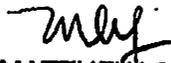
Please title your submission "Petition for Reconsideration" and ensure that all personal information has been redacted, as this will become a public document when included in the agenda item. Please send this to:

Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
P. O. Box 942701
Sacramento, CA 94229-2701
Fax: (916) 795-3972

In addition, it is recommended that you send, via facsimile, a copy of any Petition for Reconsideration to the attention of Matthew G. Jacobs, General Counsel, at (916) 795-3659.

If you do not file a Petition for Reconsideration or if your Petition for Reconsideration is denied, the next step in the appeal process is to file a Petition for Writ of Mandate in Superior Court.

Sincerely,



MATTHEW G. JACOBS
General Counsel

MGJ:smh

Enclosure

cc: California State University, San Marcos
Sacramento Office of Administrative Hearings: sacfilings@dgs.ca.gov

1 BOARD OF ADMINISTRATION
2 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

3 In the Matter of the Application for) CASE NO. 2013-0989
4 Disability Retirement of) OAH NO. 2015070900
5 PATRICIA A. ANDERSON,) DECISION
6 Respondent,)
7 and)
8 CALIFORNIA STATE UNIVERSITY AT)
9 SAN MARCOS,)
10 Respondent.)

11 RESOLVED, that the Board of Administration of the California Public
12 Employees' Retirement System hereby adopts as its own Decision the Proposed
13 Decision dated April 26, 2016, concerning the application of Patricia A. Anderson;
14 RESOLVED FURTHER that this Board Decision shall be effective 30 days following
15 mailing of the Decision.

16 *****

17 I hereby certify that on June 15, 2016, the Board of Administration, California
18 Public Employees' Retirement System, made and adopted the foregoing Resolution,
19 and I certify further that the attached copy of the Administrative Law Judge's Proposed
20 Decision is a true copy of the Decision adopted by said Board of Administration in said
21 matter.

22 BOARD OF ADMINISTRATION, CALIFORNIA
23 PUBLIC EMPLOYEES' RETIREMENT SYSTEM
24 ANNE STAUBOLL
25 CHIEF EXECUTIVE OFFICER

Dated: June 20, 2016

BY


DONNA RAMEL LUM
Deputy Executive Officer
Customer Services and Support

BEFORE THE
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATE OF CALIFORNIA

In the Matter of the Application for Disability
Retirement of:

PATRICIA A. ANDERSON,

Respondent,

AND

CALIFORNIA STATE UNIVERSITY AT
SAN MARCOS,

Respondent.

CASE NO. 2013-0989

OAH No. 2015070900

PROPOSED DECISION

Carla L. Garrett, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on March 30, 2016, in Orange, California.

Kevin Kreutz, Senior Staff Attorney, represented the Petitioner, California Public Employees' Retirement System (CalPERS). Respondent Patricia Anderson (Respondent) appeared at hearing and represented herself. No one appeared on behalf of Respondent California State University at San Marcos.

Oral and documentary evidence was received, the record was closed, and the matter was submitted for decision on March 30, 2016.

FINDINGS OF FACT

1. On April 13, 2015, Diane Alsup, in her official capacity as Acting Division Chief of the Benefit Services Division, Board of Administration, CalPERS, executed a Statement of Issues, Case No. 2013-0989, against Respondent, after Respondent filed a timely appeal on September 28, 2013 and requested an administrative hearing to dispute CalPERS' September 11, 2013 determination that Respondent was not permanently disabled or substantially incapacitated from the performance of her duties as a lecturer for California State University at San Marcos.

CALIFORNIA PUBLIC EMPLOYEES'
RETIREMENT SYSTEM

FILED April 28, 2016
Sumner D. Platt

and other impairments, including nausea from pain and balance problems, prevented her from focusing her attention on material required for lecturing students on the various subject matters covered in the courses she taught. She also stated that her short term memory loss and hearing problems significantly impacted her ability to interact with students and focus on answering their questions, or otherwise meeting their educational needs.

Independent Medical Evaluation

9. On June 18, 2013, Vrijesh S. Tantuwaya, M.D. conducted an independent medical evaluation of Respondent at the behest of CalPERS. Dr. Tantuwaya, who testified at hearing, is a neurologist with a specialty in head injuries and spinal surgery. Specifically, Dr. Tantuwaya's special interests are in complex and general spinal surgery, cerebrovascular and skull base surgery, tumors of the nervous system, head and spine injuries, interventional pain management, and peripheral nerve surgery. Dr. Tantuwaya received his bachelor of arts from Northwestern University in 1990, his medical degree from Washington University School of Medicine in 1996, completed his post graduate studies at Washington University School of Medicine and at Medical University of South Carolina. He has been a licensed physician and surgeon since 2002, a state-qualified medical examiner since 2005, a diplomat of the American Board of Neurological Surgery since 2007, a diplomat of the American Board of Independent Medical Examiners since 2008, and a Medical Board of California expert reviewer. Dr. Tantuwaya is affiliated with five hospitals, has written five published journal articles, and has given a number of presentations in the area of neurology.

10. At the time of the independent medical examination, Respondent advised that her chief complaints were headaches, neck pain, and lower back pain, with her headaches being the most severe of those. Respondent described her headaches as stabbing pains and vise-like grips. As part of the evaluation, Dr. Tatuwaya reviewed Respondent's medical history through a number of medical reports and oral information received directly from Respondent.

11. Dr. Tatuwaya performed physical and neurologic examinations of Respondent. He also reviewed three inches of medical records, as well as radiology studies. The radiology studies included a CT scan of Respondent's head dated October 1, 2012, which showed no evidence of abnormalities.

12. Dr. Tatuwaya prepared a written report of his evaluation. He found no substantial evidence of intracranial hypotension or a meningocele to substantiate Respondent's claims. Additionally, he found no evidence of a cervical spinal fluid leak in any of the reports he reviewed, and noted that it would be quite unusual for a spinal surgeon leave an active symptomatic pseudomeningocele untreated. Moreover, the leak, according to Dr. Tantuwaya, supposedly occurred as a result of the first surgery, yet after three additional surgeries, no surgeon noted or addressed the purported leak. Dr. Tantuwaya found such facts highly improbable. Additionally, Dr. Tantuwaya found no evidence in the medical records that Respondent had orthostatic hypotension as reported by Respondent, and that test results supported no finding of such a disorder.

13. Dr. Tantuwaya found evidence of minimal central canal narrowing of the cervical spine, according to a MRI report from August 11, 2011, due to a disc osteophyte complex, but found no other significant findings. The MRI findings were inconsistent with Respondent's reported symptoms of orthostatic headaches. Additionally, despite her second motor vehicle accident in 2012, there was no objective evidence of any significant debilitating injury.

14. Dr. Tantuwaya reviewed Respondent's duty statement and job description as a faculty member for California State University at San Marcos, which included the physical requirements of Respondent's position. These requirements were, but not limited to, teaching, researching, advising students, evaluating student performance, and providing services to the university, profession, and the community. Dr. Tantuwaya concluded that there was no objective evidence of any physical or mental condition that precluded Respondent from performing any of her specific job duties. Additionally, he found that Respondent was not substantially incapacitated for performance of her usual duties. Specifically, as he explained at hearing, he found Respondent to be well-oriented during her mental status exam, showing that she recalled two out of three items on the memory test, demonstrating she had good short term and long term memory. She also demonstrated good cognition, and showed no weaknesses or significant pathology that would interfere with her ability to do her job.

15. Dr. Tantuwaya also found that Respondent's complaints were not concordant with any of the objective test data and findings, and appeared exaggerated to some degree. Dr. Tantuwaya did not dispute that Respondent suffered from headaches, but stated there was no objective evidence in the medical records demonstrating why she suffered from headaches.

CalPERS Denial

16. On September 11, 2013, CalPERS sent Respondent a letter denying her application for disability retirement. CalPERS advised that it had reviewed all of the medical evidence submitted to it before rendering its decision, particularly reports prepared by 10 different physicians and medical professionals, including Dr. Tantuwaya. Based on the evidence in those reports, CalPERS determined that Respondent's purported conditions were not disabling.

17. On September 28, 2013, Respondent sent CalPERS a letter objecting to its denial of her disability retirement application. Specifically, Respondent argued that both CalSTRS and the Social Security Administration had determined her to be disabled based on the same medical information provided to CalPERS, with the exception of the report prepared by Dr. Tantuwaya. Respondent stated that Dr. Tantuwaya's report contained "multiple false, or fraudulent, information," and accused CalPERS of "doctor shopping" when it assigned Dr. Tantuwaya to perform an independent medical evaluation of Respondent.

18. Respondent listed eight chief criticisms regarding Dr. Tantuwaya's report: (1) the report noted that Respondent's father died in Vietnam while serving in the military, when, in reality, her father, who was a Vietnam veteran, died on December 7, 2011; (2) the report noted she was a "well-developed male" as opposed to a female; (3) the report indicated that Dr. Tantuwaya performed a chest/breast examination and found Respondent to have "no evidence of crepitus, ecchymosis, or tenderness to palpation," when, in reality, Dr. Tantuwaya conducted no breast examination, according to Respondent; (4) the report described Respondent as having "normal mood and affect," but Dr. Tantuwaya was "not a psychiatrist, and failed to note neither [Respondent's] confusion nor [Respondent's] need to ask him to repeat or restate questions throughout his examination;" (5) the report noted under the heading entitled "Thoracic Spine" that Respondent had "no . . . scoliotic deformities," even though Respondent had a documented history of previous back surgeries showing that she did, in fact, have minor scoliosis; (6) the report did not note under the heading entitled "Lumbar Spine" that Respondent had significant scaring and did not note any of the tenderness that Respondent had in that region as a result of her previous surgeries; (7) the report did not note under the headings entitled "Neurologic" and "Mental Status Exam," that Respondent required Dr. Tantuwaya to repeat or restate questions, nor did he note her slowness to respond to his questions. Respondent further contended that Dr. Tantuwaya had no baseline data to compare her responses, therefore, it would have been impossible for him to have been able to formulate a legitimate determination as to any current impact to her cognitive abilities or neurologic state; and (8) the report stated that Respondent was mentally able to handle her own financial affairs and enter into legally binding contracts, and appeared competent to endorse checks with the realization of the nature and consequences of the acts; yet, Dr. Tantuwaya's office repeatedly contacted her for payment for her visit, when CalPERS was the entity responsible for paying for the independent examination, showing he was in no position to judge her financial competence given the financial incompetence demonstrated by his office. Given her eight complaints, Respondent argued Dr. Tantuwaya's report could not be trusted, and should not have been used to make any decisions concerning her disability.

19. At hearing, Dr. Tantuwaya acknowledged he made a typographical error when he referred to Respondent as a male, and may have misunderstood the military history of Respondent's father. Additionally, Dr. Tantuwaya agreed he performed no breast examination, and did not indicate specifically that he had. Rather, he performed a chest examination. Other than the minor typographical errors or his misunderstanding regarding the history of Respondent's father, Dr. Tantuwaya stood firmly behind his findings and report.

20. Dr. Tantuwaya was a credible witness, as he testified in a clear, concise, and forthright way, buttressed by his wealth of knowledge and his years of experience as a neurologist.²

² The trier of fact may "accept part of the testimony of a witness and reject another part even though the latter contradicts the part accepted." (*Stevens v. Parke Davis & Co.* (1973) 9 Cal.3d 51, 67.) The trier of fact may also "reject part of the testimony of a witness,

21. Respondent proffered no expert witnesses to interpret her medical records or dispute Dr. Tantuwaya's findings. Instead, she offered a series of letters from her husband, friends, and former colleagues who compared Respondent before her May 11, 2011 car accident versus and after. They described her as a highly intelligent, energetic, organized, sharp, efficient, capable, active, vibrant, and enthusiastic woman prior to the accident. After the accident, they described Respondent as demonstrating debilitating nausea and headaches, confusion, difficulty doing many simple mental and physical tasks, memory issues, sending incomprehensible emails, and difficulties meeting the demands of teaching her class. The authors of these letters did not testify at hearing.

LEGAL CONCLUSIONS

1. Government Code section 20016 provides:

"'Disability' and 'incapacity for performance of duty' as a basis of retirement, mean disability of permanent or extended and uncertain duration, as determined by the board, or in the case of a local safety member by the governing body of the contracting agency employing the member, on the basis of competent medical opinion."

2. Government Code section 21152 provides, in pertinent part:

"Application to the board for retirement of a member for disability may be made by:

though not directly contradicted, and combine the accepted portions with bits of testimony or inferences from the testimony of other witnesses thus weaving a cloth of truth out of selected material." (*Id.*, at 67-68, quoting from *Neverov v. Caldwell* (1958) 161 Cal.App.2d 762, 767.) Further, the fact finder may reject the testimony of a witness, even an expert, although not contradicted. (*Foreman & Clark Corp. v. Fallon* (1971) 3 Cal.3d 875, 890.) And the testimony of "one credible witness may constitute substantial evidence," including a single expert witness. (*Kearl v. Board of Medical Quality Assurance* (1986) 189 Cal.App.3d 1040, 1052.) A fact finder may disbelieve any or all testimony of an impeached witness. (*Wallace v. Pacific Electric Ry. Co.* (1930) 105 Cal.App. 664, 671.)

Evidence Code section 780 relates to credibility of a witness and states, in pertinent part, that a court "may consider in determining the credibility of a witness any matter that has any tendency in reason to prove or disprove the truthfulness of his testimony at the hearing, including but not limited to any of the following: . . . (b) The character of his testimony; . . . (f) The existence or nonexistence of a bias, interest, or other motive; . . . (h) A statement made by him that is inconsistent with any part of his testimony at the hearing; (i) The existence or nonexistence of any fact testified to by him. . . ."

“(a) The head of the office or department in which the member is or was last employed, if the member is a state member other than a university member. [¶] . . . [¶]

“(c) The governing body, or an official designated by the governing body, of the contracting agency, if the member is an employee of a contracting agency.

“(d) The member or any person in his or her behalf.”

3. Government Code section 21153 provides:

“Notwithstanding any other provision of law, an employer may not separate because of disability a member otherwise eligible to retire for disability but shall apply for disability retirement of any member believed to be disabled, unless the member waives the right to retire for disability and elects to withdraw contributions or to permit contributions to remain in the fund with rights to service retirement as provided in Section 20731.”

4. Government Code section 21154 provides, in pertinent part:

“The application shall be made only (a) while the member is in state service, On receipt of an application for disability retirement of a member, . . . the board shall, or of its own motion it may, order a medical examination of a member who is otherwise eligible to retire for disability to determine whether the member is incapacitated for the performance of duty. . . .”

5. Government Code section 21156, subdivision (a)(1) provides, in pertinent part:

“If the medical examination and other available information show to the satisfaction of the board, . . . that the member in the state service is incapacitated physically or mentally for the performance of his or her duties and is eligible to retire for disability, the board shall immediately retire him or her for disability,”

6. Here, Respondent failed to sustain her burden of demonstrating that CalPERS erred in denying her application for disability. Specifically, Respondent failed to show that she was permanently disabled or substantially incapacitated from the performance of her duties as a lecturer for California State University at San Marcos. While Respondent demonstrated that she had a history of medical issues and surgeries related to two motor vehicle accidents, Respondent offered no credible evidence to dispute Dr. Tantuwaya's convincing report. Specifically, Respondent proffered no expert or any other witness

demonstrating that Dr. Tantuwaya erroneously concluded that no objective evidence of any physical or mental condition existed that precluded Respondent from performing any of her specific job duties. She also offered no evidence contradicting Dr. Tantuwaya's finding that Respondent was well-oriented during her mental status exam and demonstrated she had good short term and long term memory, good cognition, and no weaknesses or significant pathology that would interfere with her ability to do her job.

7. Given the above, Respondent's appeal shall be denied.

ORDER

Respondent's appeal is denied.

Date: April 26, 2016

DocuSigned by:
Carla Garrett
42058CS88950430...

CARLA L. GARRETT
Administrative Law Judge
Office of Administrative Hearings

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On June 20, 2016, I served the foregoing document described as:

BOARD DECISION -- In the Matter of the Application for Disability Retirement of PATRICIA A. ANDERSON, Respondent, and CALIFORNIA STATE UNIVERSITY, SAN MARCOS, Respondent; Case No. 2013-0989; OAH No. 2015070900.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed as follows:

Patricia A. Anderson

Office of Administrative Hearings
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
(Via Email: - sacfilings@dgs.ca.gov)

California State University, San Marcos
333 S. Twin Oaks Valley Road
San Marcos, CA 92096-0001

[XX] BY MAIL -- As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[XX] BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on June 20, 2016, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Laura Avina
NAME


SIGNATURE

Hazlett, Summer

From: Patty Anderson Johnson
Sent: Thursday, July 07, 2016 12:37 PM
To: Barber, Thomas
Cc: Hazlett, Summer; Swedensky, Cheree
Subject: RE: Subject: Respondent's Arguments (Case # 201-3-0989 OAH# 2015070900) one of two (still need exhibits)

Hi Thomas,

Thank you for forwarding the two files. There is a third file named exhibits in the "two of two" e-mail file which is being blocked because of its size from my external e-mail, It is the exhibits which is my evidence that Cheree did not have when she made her decision. Sorry to bother you with all the e-mails. The library has a 16 page limit on faxes and they charge 2 dollars a page and this is a 50 page document. I did send it snail mail but it won't get there in time.

Summer Hazlett sent me the original 50 page file and it may work for her to send it internal e-mail since it is from calpers to another calpers e-mail and avoid being kicked back with the external filters. I hope this makes sense with my stupid brain injury. I have lost my higher level thinking and processing I use to enjoy as part of my core identity.

I did ask Summer to try to e-mail it and if that does not work to print it and send it to Cheree Swedensky. Summer can you let me know when you send the 50 page evidence file to Cheree?

Thank you to all three of you for your assistance in helping me get the 50 page file of exhibits evidence to Cheree Swedensky,

patty

From: Barber, Thomas [mailto:
Sent: Friday, July 08, 2016 4:30 AM
To: Patty Anderson Johnson
Subject: RE: Subject: Respondent's Arguments (Case # 201-3-0989 OAH# 2015070900) one of two

Patty Anderson Johnson;

I did receive the 3 emails you sent to me today. I have forwarded all 3 on to our Appeals liaison, Nicole Herrera, who will forward them on to the Legal Dept.

Before your June 15, 2016 hearing before the Board of Administration of CalPERS I had forwarded all the items you had sent me on to them for consideration.

Tom Barber
CalPERS Disability Section

From: Patty Anderson Johnson [mailto:[pjohnson@calpers.ca.gov](#)]
Sent: Thursday, July 07, 2016 12:01 AM
To: Barber, Thomas
Cc: Stan Johnson
Subject: Subject: Respondent's Arguments (Case # 201-3-0989 OAH# 2015070900) one of two
Importance: High

Hello again Thomas, I sent this via mail and I want to be sure it gets to her in time can you forward this to her my evidence is attached she said that there was no evidence presented I did infact include lots of evidence attached. Please forward this to Cherre Swedensky, I have to send them in two separate e-mails your server won't take the larger attachments,

6. Here, Respondent failed to sustain her burden of demonstrating error in denying her application for disability. Specifically, Respondent failed to demonstrate that she was permanently disabled or substantially incapacitated from the performance of her duties as a lecturer for California State University at San Marcos. While Respondent demonstrated that she had a history of medical issues and surgeries related to vehicle accidents, Respondent offered no credible evidence to dispute Dr. Tan's convincing report. Specifically, Respondent proffered no expert or any other

Dear Cheree Swedensky,

Attached is my latest "Respondent's Argument" based on the receipt of the findings of the Administrative Law Judge (ALJ). It should be noted that although the ALJ's findings claim I presented no evidence, I in fact did present evidence which was improperly deemed "hearsay" due to a failure by the ALJ to apply California Evidence Code as described in the attached Argument Letter. It should also be noted that Evidence Code is strict code applicable to Civil and Criminal cases and that Administrative cases may apply more lenient requirements for evidence but may not legally be more strict.

I have enclosed all the evidence previously submitted in support of my claim and all my arguments to the various decisions made over time by CalPERS. I ask that my case be closely considered by the Board and that they pay close attention to the laws of the state and nation as they pertain to the determination of an individual's status of Disability. I also ask that they consider the contract under which I was employed and the administrative requirements placed upon me as the employee once having taken long-term and catastrophic sick leave. I do wish to make it clear that I would be only too willing to return to work at CSUSM if I were physically able. However, sadly such is

not the case and therefore as advised by the Human Resources Department and my CalPERS representative I did apply for Disability Retirement as was my right under the contract. Unfortunately, there has been nothing but a travesty of errors surrounding my application ever since which has placed significant undue stress upon myself and my family. I am confident that the Board will see the logic in the arguments I have presented:

1. There is no legal way that I can be found able bodies by CalPERS and able to work while at the very same time found Disabled and unable to work by both CalSTRS and US Social Security Administration.
2. Considering the contractual requirement to present a notice of release from my attending physician to allow me to return to work, and the fact that I am still undergoing treatment by said attending physician who is unwilling got provide such release, there is no contractual basis upon which CSUSM can be compelled to allow me to return to work, and therefore I am still unable to work due to my disability regardless of any findings by the CalPERS IME.

I sincerely appreciate the Board taking the time to closely evaluate the processes by which the previous decision have been made and the errors that have lead to improper results. I am also sure they will fully understand the impacts these errors have had upon myself and my family as well as the reparation of CalPERS as a reputable and professional organization.

Sincerely,

Patty

Patricia A. Anderson MSc

P.S. It should be noted that although I have read and attest to the information in this letter being true and correct, and that the contents are that which I desire to have stated, I required assistance in writing this letter as a direct result of the disability from which I currently suffer.

Your Honor,

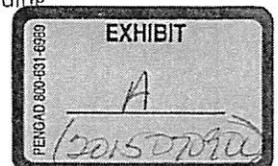
I've written this (with the help of my husband) as my head injury causes me difficulty in keeping things straight, especially if stressed or needing to process a lot of information. Please accept my sincere apologies should I have, or exhibit, any difficulties in answering any questions. I may need you to keep things to a singular subject or area of questions and I may need you to repeat them or explain them so as to keep things straight.

I am here to plead my case for challenging CalPERS's decision denying my claim for Disability Benefits. In the materials contained in the attached package you will find:

1. The original letter to CalPERS appealing their decision and explaining my reasons;
2. Supporting documents including:
 - a. Traffic Collision Report,
 - b. CalSTRS Disability Benefit Approval Letter,
 - c. Social Security Disability Benefit Approval Letter,
 - d. Doctor's Report (Dr. Tantuwaya) used by CalPERS to deny my claim, which contains numerous inaccuracies or fraudulent claims about me and my health,
 - e. Doctor reports/records (Kaiser post operative reports and follow-up appointment) supporting my claim that Doctor Tantuwaya made false or fraudulent statements,
 - f. Original Care Instructions from Kaiser following the Accident that caused my head injury,
 - g. After Visit Summary from Kaiser with Diagnosis of *Strain of Neck and Concussion*,
 - h. Copy of Brain Association Identification Card issued to people with documented brain injuries,
 - i. Six letters from my previous employers (colleagues and department chairs), and personal friends and my husband, all attesting to the changes in my abilities after the accident, supporting my claim of disability.

You will note, as I stated in my original challenge to CalPERS, that I have overwhelming medical and anecdotal evidence supporting my claim of Head Injury and inability to continue in my normal duties as Adjunct Instructor/Lecturer. Additionally, I would like to state here that although I am the victim, I also believe the State of California (CalPERS) is equally the victim in as much as they relied upon a report that contains numerous inaccuracies, false and fraudulent claims about my health in making their decision to deny my claim for Disability Benefits. Although I have suffered from this, so too has the reputation of CalPERS and the State of California. Doctors committing such crimes against the State should not be allowed to practice! Forgive me for getting a bit emotional in this, but this is an emotional life changing event: losing my ability to do what I so loved – teaching science, and being able to function as a wife and mother.

Clearly the State of California, in the form of CalSTRS, arrived at the decision that I was unable to continue in my normal duties, as did the US Department of Social Services, Social Security. My own doctors have noted my injuries, and I've received varying degrees of care for said injuries since, with varying degrees of success. Unfortunately, I'm still unable to return to my duties, though I still hold out hope that some day I may. If the CalPERS decision on Disability Benefits is reversed, then should my condition improve to a point wherein I can again teach I would be able to do so. But, having been forced to file for early retirement (CalPERS instructed me to file for Early Retirement pending



my Disability Case) upon the denial of my Disability Benefits Claim (I needed income of some sort to maintain support of my family), should my condition improve I am severely limited under the terms of retirement as to how much work, if any, I can perform.

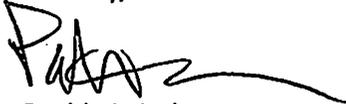
Please take time to review this appeal and the supporting documents so that justice can be done and so that the State of California can retain the proper reputation it deserves where their treatment of employees who have suffered a disability while employed are concerned.

Additionally, SHOULD you find that my claim for Disability Benefits is valid I must ask one additional thing:

CalPERS, in the second set of documents, claimed that if my claim for Disability is successful they have the right to seek "recovery" from my insurance company. However, the CalPERS Handbook clearly states that Uninsured Motorist claims are exempt from the CalPERS "recovery" when filing for Disability Benefits.

If you could please review this issue and provide a ruling on whether or not CalPERS has the legal right to recover damages from my insurance company on any claim filed under my Uninsured Motorist policy, I would greatly appreciate your findings and ruling.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia A. Anderson', with a long horizontal flourish extending to the right.

Patricia A. Anderson, MSc

California Public Employees' Retirement System
Benefits Services Division
P.O. Box 2796
Sacramento, CA 95812

28 September 2013

Re: Denial of application for disability retirement dated 11 September 2013

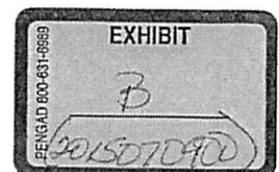
CalPERS ID:

To whom it may concern:

Pursuant to California Code of Regulations, Title 2, Section 555.1, Right of Appeal, I wish to appeal the decision regarding my application for Disability Retirement.

Considering the facts that both California State Teachers Retirement System (CalSTRS) and the US Department of Social Services (Social Security) have both determined me to be disabled based on the same medical information provided to CalPERS, and considering that the Job Description for CalSTRS is the identical job description as that for CalPERS I find the CalPERS decision to be totally inconsistent with the facts. The ONLY difference between the information used to make the CalPERS decision and the CalSTRS and Social Security decision was a report filed by Doctor Vrijes Tantuwaya, MD, whose report contain multiple false, or fraudulent, information. As this last doctor was a doctor chosen by CalPERS it would appear that CalPERS was "doctor shopping." I make this allegation based on the following contained in his report:

1. He claims my father "died in Vietnam while serving in the military."
 - a. My father, who was a Vietnam Veteran, died on 7 Dec 2011.
2. He states under "Physical Exam" "General Appearance" that I am a "well-developed male"
 - a. I have always been female since birth
3. He claims to have performed a Chest/Breast examination and found me to have "no evidence of crepitus, ecchymosis, or tenderness to palpation."
 - a. There was no breast examination performed, nor any reason to do so.
 - b. If he'd actually performed such exam he'd have noted the large incisions on each breast from the surgery I'd had less than 2 weeks earlier.
 - c. My breasts were most certainly very tender and I most certainly would have let him know this had he made any attempt to palpate them, or even touch them.
 - d. I had my Union Rep with me as a witness to this exam who can testify that no breast exam was performed.
4. Under Psychiatric he states "normal mood and affect."
 - a. He is not a Psychiatrist, and failed to note neither my confusion nor my need to ask him to repeat or restate questions throughout his examination.
 - b. He further failed to state anything with regard to my being stressed during this examination or my need to lie in a prone position throughout the examination due to my physical condition preventing me from sitting up.
 - c. My Union Representative can attest this this too.
5. Under "Thoracic Spine" he states "no... scoliotic deformities"



- a. I have plenty of documentation from the period of my previous back surgeries starting in 1986 (which he noted in the medical history section) showing that I do in fact have a minor scoliosis of the Thoracic Spine.
6. Under "Lumbar Spine" despite his previously noting in the medical histories section that I'd had major surgeries of the Lumbar Spinal region, he fails to note the significant scaring, nor did he note any of the tenderness that I have in the area of my prior surgeries which have always presented in other medical examinations of that region of my spine.
7. Under "Neurologic" "Mental Status Exam," he makes no mention of my requiring him to repeat or restate questions, nor my slowness of response to his questions resulting from the significant effort required for me to concentrate on the question in order to find and formulate an answer. Furthermore, as he had no baseline data to compare my responses it would be impossible for him to have been able to formulate a legitimate determination as to any current impact to my cognitive abilities or neurologic state resulting from my current disability.
8. On the final page of his report he states "5. The member is mentally able to handle her own financial affairs and enter into legally binding contracts." and "6. The member does appear competent to endorse checks with the realization of the nature and consequences of the acts."
 - a. Considering that this doctor's office contacted me on a number of occasions to "pay my bill" which was not mine, but the State of California's to pay, and they further threatened to put the bill into collection, thereby causing problems for my and my husband's good credit, I find it VERY curious indeed that he would make the above claims regarding my competence when his own office is so obviously incompetent regarding matters of billing the correct person or agency.

Based on these facts no part of his report can be trusted or used to make any decisions as clearly his report was knowingly submitted with false and fraudulent information with malicious intent against me.

As the State of California Teachers Retirement System has clearly determined that I am unable to perform the duties of Lecturer at a Community College, and as that same Community College provides the option of joining CalSTRS or CalPERS, and as the job description of Lecturer is the same for both CalSTRS and CalPERS, and as this job description is also the same at the University with respect to the physical and mental requirements, and as the US Department of Social Services (Social Security) has similarly determined that I am not physically able to work in my normal capacity as Lecturer, or any other substantial form of employment as a result of my physical condition, it is totally without merit that CalPERS should determine I am "not substantially incapacitated from the performance of [the] duties as a Lecturer-Academic Year with the California State University at San Marcos."

I do hereby respectfully request that my case be reconsidered based on the facts that the State of California and the US Federal Government have already determined me to be substantially incapacitated and incapable of performing my duties as a Lecturer or any other substantial forms of employment.



TRAFFIC COLLISION REPORT

CHP 555 (Rev 7-03)

GOVERNMENT FORM 6254(f)

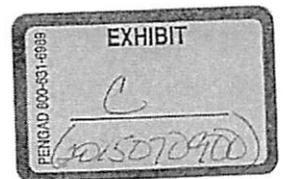
Page 1 of 5

SPECIAL CONDITIONS <input type="checkbox"/> Late-Reported	NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY Oceanside	JUDICIAL DISTRICT North County		LOCAL REPORT NUMBER 11007684
	NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY San Diego County	REPORTING DISTRICT	BEAT 037	

LOCATION <input checked="" type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 100 Feet West of SR-78 E/B from Plaza Dr	COLLISION OCCURRED ON Plaza Dr	MM/DD/YYYY 5/12/2011	TIME (2400) 11:05	NGIC # CA037100	OFFICER ID OC1223
	POST INFORMATION	DAY OF WEEK Thursday	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHED BY: <input checked="" type="checkbox"/> NONE	
			STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

PARTY 1	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 1993	MAKE/COLOR Toyota Camry Silver or Aluminum/	LICENSE NUMBER	STATE
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) Robert Allen Stob					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: Driven Away		OFFICER <input type="checkbox"/>	DRIVER <input checked="" type="checkbox"/>
BICYCLIST <input type="checkbox"/>	SEX M	HAIR BRO	EYES HAZ	HEIGHT 5' 11"	WEIGHT 350 lbs	BIRTHDAY	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE	MOBILE PHONE	BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE 01	
	INSURANCE CARRIER GEICO	POLICY NUMBER			Describe Vehicle Damage <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
	DIR OF TRAVEL West	ON STREET OR HIGHWAY Plaza Dr			SPEED LIMIT 25	CA DOT CAL-T TCP/PSC, MCMX			

PARTY 2	DRIVERS LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2001	MAKE/COLOR Dodge Caravan Gold/	LICENSE NUMBER 5JRA062	STATE CA
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) Patricia Ann Johnson					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: Driven Away		OFFICER <input type="checkbox"/>	DRIVER <input checked="" type="checkbox"/>
BICYCLIST <input type="checkbox"/>	SEX F	HAIR BLN	EYES BLU	HEIGHT 5' 10"	WEIGHT 155 lbs	BIRTHDAY	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER <input type="checkbox"/>	HOME PHONE	MOBILE PHONE	BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE 0B	
	INSURANCE CARRIER Allstate	POLICY NUMBER			Describe Vehicle Damage <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
	DIR OF TRAVEL West	ON STREET OR HIGHWAY Plaza Dr			SPEED LIMIT 25	CA DOT CAL-T TCP/PSC, MCMX			



PREPARER'S NAME OC1223 - Brush, Walter	DISPATCHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWER'S NAME OC0753 - Gow, Kenneth	DATE REVIEWED 6/10/2011 2:05:27 AM
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C

DATE OF COLLISION (MM/DD/YYYY) 5/12/2011	TIME (2400) 11:05	NCIC # CA0371000	OFFICER I.D. OC1223	NUMBER 11007684
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PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		
	N/A		

SEATING POSITION 	1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE									
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION	
<input checked="" type="checkbox"/> A VC SECTION VIOLATED: CITED: YES	<input checked="" type="checkbox"/> B OTHER IMPROPER DRIVING*	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING						<input checked="" type="checkbox"/> A STOPPED	
		<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*						<input type="checkbox"/> B PROCEEDING STRAIGHT	
		<input type="checkbox"/> C CONTROLS OBSCURED						<input type="checkbox"/> C RAN OFF ROAD	
		<input type="checkbox"/> D NO CONTROLS PRESENT / FACTOR*						<input type="checkbox"/> D MAKING RIGHT TURN	
		TYPE OF COLLISION						<input type="checkbox"/> E MAKING LEFT TURN	
		<input type="checkbox"/> A HEAD - ON						<input type="checkbox"/> F MAKING U TURN	
		<input type="checkbox"/> B SIDE SWIPE						<input type="checkbox"/> G BACKING	
		<input checked="" type="checkbox"/> C REAR END						<input type="checkbox"/> H SLOWING / STOPPING	
		<input type="checkbox"/> D BROADSIDE						<input type="checkbox"/> I PASSING OTHER VEHICLE	
		<input type="checkbox"/> E HIT OBJECT						<input type="checkbox"/> J CHANGING LANES	
		<input type="checkbox"/> F OVERTURNED						<input type="checkbox"/> K PARKING MANEUVER	
		<input type="checkbox"/> G VEHICLE / PEDESTRIAN						<input type="checkbox"/> L ENTERING TRAFFIC	
		<input type="checkbox"/> H OTHER*						<input type="checkbox"/> M OTHER UNSAFE TURNING	
		MOTOR VEHICLE INVOLVED WITH						<input type="checkbox"/> N XING INTO OPPOSING LANE	
		<input type="checkbox"/> A NON - COLLISION						<input type="checkbox"/> O PARKED	
		<input type="checkbox"/> B PEDESTRIAN						<input type="checkbox"/> P MERGING	
		<input checked="" type="checkbox"/> C OTHER MOTOR VEHICLE						<input type="checkbox"/> Q TRAVELING WRONG WAY	
		<input type="checkbox"/> D MOTOR VEHICLE ON OTHER ROADWAY						<input type="checkbox"/> R OTHER*	
		<input type="checkbox"/> E PARKED MOTOR VEHICLE							
		<input type="checkbox"/> F TRAIN							
		<input type="checkbox"/> G BICYCLE							
		<input type="checkbox"/> H ANIMAL							
		<input type="checkbox"/> I FIXED OBJECT							
		<input type="checkbox"/> J OTHER OBJECT							
		ROADWAY SURFACE							
		<input checked="" type="checkbox"/> A DRY							
		<input type="checkbox"/> B WET							
		<input type="checkbox"/> C SNOWY - ICY							
		<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC)							
		ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)							
		<input type="checkbox"/> A HOLES, DEEP RUT*							
		<input type="checkbox"/> B LOOSE MATERIAL ON ROADWAY*							
		<input type="checkbox"/> C OBSTRUCTION ON ROADWAY*							
		<input type="checkbox"/> D CONSTRUCTION - REPAIR ZONE							
		<input type="checkbox"/> E REDUCED ROADWAY WIDTH							
		<input type="checkbox"/> F FLOODED*							
		<input type="checkbox"/> G OTHER*							
		<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS							
		PEDESTRIAN'S ACTIONS							
		<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED							
		<input type="checkbox"/> B CROSSING IN CROSSWALK - AT INTERSECTION							
		<input type="checkbox"/> C CROSSING IN CROSSWALK - NOT AT INTERSECTION							
		<input type="checkbox"/> D CROSSING - NOT IN CROSSWALK							
		<input type="checkbox"/> E IN ROAD - INCLUDES SHOULDER							
		<input type="checkbox"/> F NOT IN ROAD							
		<input type="checkbox"/> G APPROACHING / LEAVING SCHOOL BUS							
		HAZARDOUS MATERIALS							
		<input type="checkbox"/> A CELL PHONE HANDHELD IN USE							
		<input type="checkbox"/> B CELL PHONE HANDSFREE IN USE							
		<input type="checkbox"/> C CELL PHONE NOT IN USE							
		<input type="checkbox"/> D SCHOOL BUS RELATED							
		<input type="checkbox"/> E 75 FT MOTOERTRUCK COMBO							
		<input type="checkbox"/> F 32 FT TRAILER COMBO							
		<input type="checkbox"/> G							
		<input type="checkbox"/> H							
		<input type="checkbox"/> I							
		<input type="checkbox"/> J							
		<input type="checkbox"/> K							
		<input type="checkbox"/> L							
		<input type="checkbox"/> M							
		<input type="checkbox"/> N							
		<input type="checkbox"/> O							
		OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)							
		<input type="checkbox"/> A VC SECTION VIOLATED: CITED: YES							
		<input type="checkbox"/> B VC SECTION VIOLATED: CITED: NO							
		<input type="checkbox"/> C VC SECTION VIOLATED: CITED: YES							
		<input type="checkbox"/> D VC SECTION VIOLATED: CITED: NO							
		<input type="checkbox"/> E VC SECTION VIOLATED: CITED: YES							
		<input type="checkbox"/> F VC SECTION VIOLATED: CITED: NO							
		<input type="checkbox"/> G							
		<input type="checkbox"/> H							
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		<input type="checkbox"/> J							
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		<input type="checkbox"/> L							
		<input type="checkbox"/> M							
		<input type="checkbox"/> N							
		<input type="checkbox"/> O							
		SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)							
		<input type="checkbox"/> A HAD NOT BEEN DRINKING							
		<input type="checkbox"/> B HBD - UNDER INFLUENCE							
		<input type="checkbox"/> C HBD - NOT UNDER INFLUENCE*							
		<input type="checkbox"/> D HBD - IMPAIRMENT UNKNOWN*							
		<input type="checkbox"/> E UNDER DRUG INFLUENCE*							
		<input type="checkbox"/> F IMPAIRMENT - PHYSICAL*							
		<input type="checkbox"/> G IMPAIRMENT NOT KNOWN							
		<input type="checkbox"/> H NOT APPLICABLE							
		<input type="checkbox"/> I SLEEPY / FATIGUED*							

SKETCH	MISCELLANEOUS LATE COUNTER REPORT/NO SKETCH

PREPARER'S NAME OC1223 - Brush, Walter	DISPATCHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWER'S NAME OC0753 - Gow, Kenneth	DATE REVIEWED 6/10/2011 2:05:27 AM
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INJURED / WITNESS / PASSENGERS

CHP 555 (Rev 7-03)

DATE OF COLLISION (MM/DD/YYYY)		TIME (2400)		NCIC #		OFFICER I.D.		NUMBER	
5/12/2011		11:05		CA0371000		OC1223		11007684	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/>	<input type="checkbox"/>	49	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0

NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
Patricia Ann Johnson,																	
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO											
Family/husband						Kaiser/San Marcos											
DESCRIBE INJURIES																	
Complaint of pain, neck and shoulders																	
<input checked="" type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

NAME / D.O.B. / ADDRESS												TELEPHONE		EXT			
Officer K. WILLIAMS #1081 /																	
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO											
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

PREPARER'S NAME	DISPATCHED	REVIEWER'S NAME	DATE REVIEWED
OC1223 - Brush, Walter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	OC0753 - Gow, Kenneth	6/10/2011 2:05:27 AM



DATE OF COLLISION (MM/DD/YYYY)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
5/12/2011	11:05	CA0371000	OC1223	11007684
COUNTY/JUDICIAL DISTRICT			BEAT	CITATION NUMBER
Oceanside / San Diego County / North County			16446	
LOCATION/SUBJECT				STATE HIGHWAY RELATED (X) YES <input type="checkbox"/> NO
Plaza Dr				

NOTIFICATION:

On Friday, 06/03/11 1415 hours, P-2 Patricia JOHNSON came to the front counter of the Oceanside Police Dept to report a delayed injury traffic collision. P-1 Robert SCOTT came to OPD on 06/07/11 0945 in response to a telephone call to provide a statement regarding this injury traffic collision.

STATEMENTS:

P-2, Patricia JOHNSON, essentially stated that on Thursday, 05/12/11, at approx. 1105 hours, she was alone in her vehicle, V-2, traveling eastbound on Plaza Dr approaching the eastbound onramp for the SR-78 freeway. She pulled into the #1 left turn lane and legally stopped on the roadway behind 4 to 5 other vehicles which had stopped for the red traffic signal for the onramp. Approx 15 to 20 seconds later she felt like "I was struck in the back of the head with a baseball bat." She "became ill" and laid over in the front seat of her vehicle. While in that position, she observed a male, later identified as P-1 Robert SCOTT, knocking at her door window. He asked her to unlock her door so he could assist her. P-1 told her that he had called 911 and the fire department was coming to assist. P-1 then admitted that he "hit me" and apologized. She did not get out of her vehicle until Oceanside FD arrived to assist and Fire personnel actually moved her vehicle out of the street. Her husband arrived on the scene to drive her vehicle away. He drove her to Kaiser Hospital in San Marcos where she was treated for complaint of pain to here neck and shoulders. She stated her diagnosis was "Post concussion headache." She provided medical paperwork from Kaiser which stated, "Visit Diagnosis, POSTCONCUSSION SYNDROME." There was an information exchange at the scene of the collision and while making this report, she provided the name, address and telephone number for P-1 SCOTT.

P-1 Robert SCOTT, essentially stated that on Thursday, 05/12/11 approx 1105 hours, he was alone in his vehicle, V-1, driving eastbound on Plaza approaching the left turn bay for the onramp for the eastbound SR-78 freeway. He stated that as he turned into the left turn lane, he looked to his right over his shoulder. He did not realize he was too close to the rear of V-2 to stop in time and the front of his vehicle struck the rear of V-2 causing minor damage. He exited his vehicle on the roadway and went to the driver's side of V-2 to contact the driver P-2. He observed that P-2 had laid over to the right in her seat with her head in the passenger seat. He asked her to unlock her door so authorities could assist her. He spoke to P-2's husband and provided all of his identifying information at the scene. He spoke briefly with a female OPD Police Officer (Officer K. WILLIAMS) who arrived at the scene. He was satisfied there was no police report taken at that time because of the information exchange and drove his vehicle from the scene.

SUMMARY:

V-2 was legally stopped on the roadway when struck from the rear by V-1. P-1 and P-2 exchanged information at the scene. P-2 complained of pain to her neck and shoulders. She was transported from the scene by private party to Kaiser Hospital in Ssan Marcos where the "Visit Diagnosis, POSTCONCUSSION SYNDROME." Both vehicles were driven from the scene.

PREPARER'S NAME	DISPATCHED	REVIEWER'S NAME	DATE REVIEWED
OC1223 - Brush, Walter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	OC0753 - Gow, Kenneth	6/10/2011 2:05:27 AM



P-2 came to OPD approximately three weeks after the collision to file an injury traffic collision report. She provided identifying information for P-1. I called P-2 who came to OPD on 06/07/11 0945 hours to provide a statement.

I located the original call in the CAD, Inc#1100052336. I saw that Officer K. WILLIAMS #1081 and Traffic Services Sgt. G. Jimenez were listed as responding to the scene. I spoke with Officer WILLIAMS, she recalled that the Oceanside FD had arrived on scene prior to her arrival. Fire personnel advised her the parties had already exchanged information. She had a conversation with P-1 SCOTT prior to clearing the scene and all parties were satisfied with an information exchange. There was minimal damage to both vehicles and both vehicles were driveable.

AREA OF IMPACT:

Scene not observed, therefore, the AOI was not determined. Based upon the statements, the collision occurred in the #1 left turn lane for eastbound Plaza Dr at the intersection with the onramp for eastbound SR-78, approx. 4 to 5 car lengths west of the intersection.

CAUSE:

Based upon the statements of both parties, P-1 Robert SCOTT was solely responsible for this collision by violating CVC 22350, unsafe speed for conditions.

RECOMMENDATIONS:

Report for insurance purposes only.

PREPARER'S NAME OC1223 - Brush, Walter	DISPATCHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWER'S NAME OC0753 - Gow, Kenneth	DATE REVIEWED 6/10/2011 2:05:27 AM
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U 011 - 1710

REC'D 5-13-11 1105
PLACA / NADIA 79A

KAIYER JOHNSON

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES: [REDACTED]

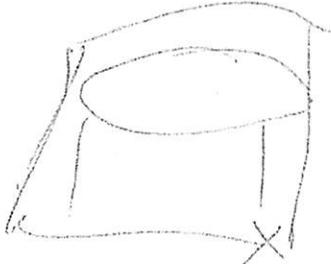
PATRICIA ANN
ANDERSON JOHNSON

SEX: F HAIR: BLN EYES: BLU
 HT: 5-10 WT: 155 DOB: [REDACTED]

Patricia Ann Johnson

HA - 03 - 10 - 10 -

LIC #



California - Proof of Auto Insurance Card



Allstate
You're in good hands.

Allstate Insurance Company
1819 Electric Road SW, Roanoke, VA 24018
Stanley & Patricia Johnson

NAIC #

This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER

YEAR / MAKE / MODEL

01 Dodge Van Grand Caravn *600 P*

EFFECTIVE DATE

04/01/11

VEHICLE ID NUMBER

EXPIRATION DATE

10/01/11

This card must be carried in the vehicle at all times as evidence of insurance.

ORIGINAL CALL.

CAD #

7A - WILLIAMS

133 - JIMENEZ

R/A. ROBERT SCOTT 760 705-5790

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
5/17/2011 1:50 PM	CHARLES ANTHONY PRIOR MD	Famsdsam Pcf F

Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp(Src)	Ht	Wt
118/72	81	99.1 °F (37.3 °C) (Tympanic)	1.753 m (5' 9")	80.74 kg (178 lb)

Vitals History Recorded

BMI Data

Body Mass Index	Body Surface Area
26.27 kg/m ²	1.98 m ²

Visit Diagnoses

**STRAIN OF NECK
CONCUSSION**

Patient Instructions

Your Kaiser Permanente Care Instructions

Neck Strain: After Your Visit

Your Care Instructions

You have strained the muscles and ligaments in your neck. A sudden, awkward movement can strain the neck. This often occurs with falls or car accidents or during certain sports. Everyday activities like working on a computer or sleeping can also cause neck strain if they force you to hold your neck in an awkward position for a long time.

It is common for neck pain to get worse for a day or two after an injury, but it should start to feel better after that. You may have more pain and stiffness for several days before it gets better. This is expected. It may take a few weeks or longer for it to heal completely. Good home treatment can help you get better faster and avoid future neck problems.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- If you were given a neck brace (cervical collar) to limit neck motion, wear it as instructed for as many days as your doctor tells you to. Do not wear it longer than you were told to. Wearing a brace for too long can make neck stiffness worse and weaken the neck muscles.

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
5/24/2011 2:20 PM	HOWARD JOHN NOACK MD	Neusdvis Neu

Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp	Wt	LMP
119/77	83	98 °F (36.7 °C)	170 lb (77.111 kg)	04/23/2011

Vitals History Recorded

BMI Data

Body Mass Index	Body Surface Area
24.75 kg/m ²	1.94 m ²

Visit Diagnoses

POSTCONCUSSION SYNDROME

Patient Instructions

None

Allergies

Allergies as of 5/24/2011

Allergies as of 5/24/2011	Noted	Type	Date Reviewed: 5/24/2011 Reactions
Sulfa Class (Sulfa (Sulfonamide Antibiotics))	10/6/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath
Latex	10/6/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath

Medications

Orders

Orders

CT HEAD, NO CONTRAST [70450 CPT(R)]

Future Appointments

Date & Time	Provider	Department	Center
6/2/2011 1:00 PM	Phyllis J (R.T.) Walker	Rspsdvis Rsp S	VISU
9/21/2011 9:30 AM	Patrick Daniel (M.D.) Fong	Nepsdisam Nep	SAMU

Adults should participate in at least 30 minutes of moderate exercise (such as a brisk walk) for five or more days each week. Children should participate in at least 60 minutes of moderate exercise (such as a brisk walk) for five or more

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
6/10/2013 2:15 PM	JORDAN DAVID SINOW MD	Plsdsam Pls1 1

Patient Demographics

Date Of Birth	Sex	Race	Ethnicity
	Female	White	American/United States

Kaiser Permanente supports federal law that requires the collection of your race and ethnicity to improve the quality of your health care. Please inform a staff member of your selections, of any changes to current entries or if you prefer not to have this information appear in your health record.

Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp(Src)	Hi	Wt	BMI
128/77 mmHg	78	98.5 °F (36.9 °C) (Tympanic)	5' 9" (1.753 m)	180 lb (81.647 kg)	26.57 kg/m2

Vitals History Recorded

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

BMI Data

Body Mass Index	Body Surface Area
26.56 kg/m ²	1.99 m ²

Health Problems Reviewed

RUPTURE OF BREAST IMPLANT - Primary
PAIN DUE TO BREAST IMPLANT
CERVICAL MYOFASCIAL PAIN SYNDROME

Patient Instructions

Post Operative Instructions

Medications

No restrictions

After 2nd week OK to take Aspirin or NSAIDs (Ibuprofen, Naproxen).

Scar management

Scars may take over 1 year to fully mature

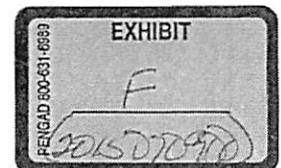
Apply antibiotic ointment on incisions daily after showering until the glue is off

Silicone gel or pads on scars or any body lotion

- SILICONE GEL (Kelocote is available in the Kaiser pharmacy) twice daily, massaged on the scars for about 30 seconds. Stop using the silicone gel when the scars are flat and pale, or if you suspect an allergic reaction (rash at the application site).

- Silicone pad on scar at night over the gel

www.directmedicalinc.com or (800) 659-8037



Activity

Avoid lifting more than 5 lbs for 3 weeks after surgery
 You may use stationary bicycle, elliptical trainer (no arm motion) or stair climber
 May swim after 6 weeks if no problems
 No restrictions after 6 weeks

Clothing

Wear sports bra or other supportive bra at all times for 6 weeks after surgery. If no problems, you may wear other more comfortable bras, and may go without a bra while sleeping.

Follow up

Plastic Surgery 3 weeks

Future Appointments

Date	Time	Provider	Department	Center
7/3/2013	10:15 AM	Barnett, Kara W (P.T.)	SMCPP	SAMU

Plastic Surgery Offices

To contact Plastic Surgery Mon-Friday 8:30am to 5:00pm
 For rescheduling call (858) 616-5001
 For problems call (858) 616-5011

Garfield Medical Office Building
 5873 Copley Drive
 San Diego, CA 92111

-or-

San Marcos Medical Office Building
 400 Craven Road
 San Marcos, CA 92078

FINAL PATHOLOGIC DIAGNOSIS

Signed Out: 6/6/2013 Case #:

A. Right breast implant and capsule

- RIGHT BREAST RUPTURED SILICONE EXPLANT WITH ASSOCIATED
 FIBROUS PSEUDOCAPSULE
 SHOWING SILICONE AND POLYMER FOREIGN BODY REACTION.

B. Left breast implant and capsule

- LEFT BREAST RUPTURED SILICONE EXPLANT WITH ASSOCIATED FIBROUS PSEUDOCAPSULE
SHOWING SILICONE AND POLYMER FOREIGN BODY REACTION

MICROSCOPIC DESCRIPTION

A,B. Microscopic examination is performed.

GROSS DESCRIPTION

Case verification is performed.

A. The specimen consists of a 113 gram, 10.5 x 10.0 x 3.0 cm, ruptured amber-colored implant with associated fibrocapsular material. The capsule is received in multiple fragments approximating 8.0 cm in aggregate. RSx1

B. The specimen consists of a 317 gram ruptured breast implant almost entirely encapsulated by a capsule overall measuring 13.5 x 13.0 x 2.0 cm. RSx1

The specimen will be returned to the patient per surgeon's request. MM

Patient Instructions History

Follow-up and Disposition

Return in about 3 weeks (around 7/1/2013).

Allergies

Allergies as of 6/10/2013			Reviewed On: 6/10/2013 By: Bennetts, Rebecca Ashley
Allergen	Noted	Reaction Type	Reactions
Latex	10/06/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath
Reglan [Metoclopramide Hydrochloride]	10/08/2012	Allergy	Other
Sulfa Class [Sulfa (Sulfonamide Antibiotics)]	10/06/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

Visit Lab Results

There are no results available from this visit.

Future Appointments

	Provider	Department	Center
3/28/2016 9:10 AM	Hodgkiss-Harlow, Chelsea Jordan (M.D.)	PRIMARY CARE:FAMILY MEDICINE	SAMU

General Information

Protect yourself from the flu today. Get vaccinated.

A yearly flu shot is recommended for everyone 6 months of age and older as the first and most important step in protecting yourself and others against this serious disease.

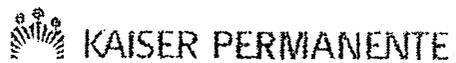
Flu shots are available at no cost to Kaiser Permanente members.

- Flu shot clinics open in late September and flu vaccinations will continue throughout the winter.
- For information on where and when to get your flu shot, call 1-866-70-NO-FLU (1-866-706-6358).
- Visit kp.org/flu for information about preventing colds and flu.

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Save money and time! Get your refills for home delivery at www.kp.org/refill

See when you or your family member accessed your kp.org account.



Member name: Patty Anderson

Date of birth:

Gender: Female

Primary care physician: C J HODGKISS-HARLOW MD, M.D.

Date printed: 3/20/2016

Past visit information

After visit
Summary
7/1/2013

Patty Anderson |MRN.

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
7/1/2013 9:00 AM	JORDAN DAVID SINOW MD	Plssdsam Pls1 1

Patient Demographics

Date Of Birth	Sex	Race	Ethnicity
	Female	White	American/United States

Kaiser Permanente supports federal law that requires the collection of your race and ethnicity to improve the quality of your health care. Please inform a staff member of your selections, of any changes to current entries or if you prefer not to have this information appear in your health record.

Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp(Src)	Wt
115/75 mmHg	96	97.4 °F (36.3 °C) (Tympanic)	180 lb (81.647 kg)

Vitals History Recorded

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

BMI Data

Body Mass Index	Body Surface Area
26.56 kg/m ²	1.99 m ²

Health Problems Reviewed

RUPTURE OF BREAST IMPLANT - Primary
PAIN DUE TO BREAST IMPLANT
COMPLICATION OF LIQUID SILICONE IMPLANT
CERVICAL MYOFASCIAL PAIN SYNDROME
MYELOMENINGOCELE, LUMBOSACRAL

Patient Instructions

Breast Surgery - Post Operative Instructions

Medications

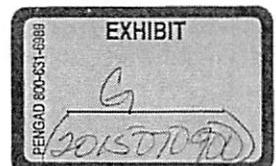
No restrictions
OK to take Aspirin or NSAIDs (Ibuprofen, Naproxen).

Scar management

Scars may take over 1 year to fully mature
Silicone gel or pads on scars or any body lotion
- SILICONE GEL (Kelocote is available in the Kaiser pharmacy) twice daily, massaged on the scars for about 30 seconds. Stop using the silicone gel when the scars are flat and pale, or if you suspect an allergic reaction (rash at the application site).
- Silicone pad on scar at night over the gel
www.directmedicalinc.com or (800) 659-8037
Breast shapes available at (800) 626-6463

Activity

No restrictions



Clothing

You may wear other more comfortable bras, and may go without a bra

Follow up

Plastic Surgery as needed

Future Appointments

Date	Time	Provider	Department	Center
7/3/2013	10:15 AM	Barnett, Kara W (P.T.)	SMCPP	SAMU
8/19/2013	8:30 AM	Harris, Mark Alan (M.D.)	SMPHM	SAMU

REFERRAL

Orders Placed This Encounter

- REFERRAL NEUROSURGERY

NEUROSURGERY

619-528-0501

Plastic Surgery Offices

To contact Plastic Surgery Mon-Friday 8:30am to 5:00pm
 For rescheduling call (858) 616-5001
 For problems call (858) 616-5011

Garfield Medical Office Building
 5873 Copley Drive
 San Diego, CA 92111

-or-

San Marcos Medical Office Building
 400 Craven Road
 San Marcos, CA 92078

Follow-up and Disposition

Return if symptoms worsen or fail to improve.

Allergies

Allergies as of 7/1/2013			Reviewed On: 6/10/2013	By: Bennetts, Rebecca Ashley
Allergen	Noted	Reaction Type	Reactions	
Latex	10/06/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath	
Reglan [Metoclopramide Hydrochloride]	10/08/2012	Allergy	Other	
Sulfa Class [Sulfa (Sulfonamide Antibiotics)]	10/06/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath	

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

New Orders

Normal Orders This Visit

REFERRAL NEUROSURGERY [200342 Custom]

Visit Lab Results

There are no results available from this visit.

Future Appointments

	Provider	Department	Center
3/28/2016 9:10 AM	Hodgkiss-Harlow, Chelsea Jordan (M.D.)	PRIMARY CARE:FAMILY MEDICINE	SAMU
3/28/2016 11:30 AM	Harris, Mark Alan (M.D.)	PHYSICAL MEDICINE	SAMU

General Information

Protect yourself from the flu today. Get vaccinated.

A yearly flu shot is recommended for everyone 6 months of age and older as the first and most important step in protecting yourself and others against this serious disease.

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- Flu shot clinics open in late September and flu vaccinations will continue throughout the winter.
- For information on where and when to get your flu shot, call 1-866-70-NO-FLU (1-866-706-6358).
- Visit kp.org/flu for information about preventing colds and flu.

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Save money and time! Get your refills for home delivery at www.kp.org/refill

See when you or your family member accessed your kp.org account.



KAISER PERMANENTE

Member name: Patty Anderson

Date of birth:

Gender: Female

Primary care physician: C J HODGKISS-HARLOW MD, M.D.

Date printed: 3/20/2016

Past visit information

Head Injury in Adults: After Your Visit

Your Care Instructions

You have had a mild head injury. Often, people cannot remember what happened right before or right after a head injury. Some head injuries can make you pass out, or lose consciousness, for a few seconds or minutes right after the injury.

The doctor carefully checked you and did not find a serious head injury. But a serious problem could develop later. That is why you need to have someone watch you closely for the next 24 hours. Contact your regular doctor to discuss follow-up care.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

Have another adult watch you closely for the next 24 hours. That person should check for signs that your head injury is getting worse. (See When should you call for help? below for symptoms to look for.)

Put ice or a cold pack on the sore area for 10 to 15 minutes at a time. Put a thin cloth between the ice and your skin.

Take acetaminophen (Tylenol) as directed to relieve pain. Do not take any other medicines, unless your doctor orders them. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.

You may sleep. If your doctor tells you to, have another adult check you at the suggested times to make sure you are able to wake up, recognize the other adult, and act normally.

Take it easy for the next few days or longer if you are not feeling well.

Do not drink any alcohol for at least the next 24 hours.

What is postconcussion syndrome?

If you have had a mild concussion, you may have a mild headache or just feel "not quite right." These symptoms are common and usually go away on their own over a few days to 4 weeks. Sometimes after a concussion you may feel as if you are not functioning as well as you did before the injury, and you may develop new symptoms. This is called postconcussion syndrome. You may:

Have changes in your ability to solve problems, think, concentrate, or remember.

Have headaches.

Have changes in your sleep patterns, such as not being able to sleep or sleeping all the time.

Have changes in your personality.

Lack interest in your daily activities.

Become easily angered or anxious for no clear reason.

Have changes in your sex drive.

Lose your sense of taste or smell.

Be dizzy, lightheaded, or unsteady and find it hard to stand or walk.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

You have twitching, jerking, or a seizure.

You suddenly cannot walk or stand.

You passed out (lost consciousness).

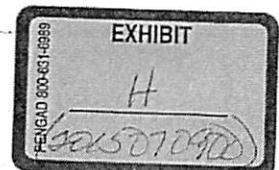
You are confused, do not know where you are, or are very sleepy or hard to wake up.

Call your doctor now or seek immediate medical care if:

You continue to vomit after 2 hours, or you have new vomiting.

You have a new watery (not like mucus from a cold) or bloody fluid coming from your nose or ears.

You have new weakness or numbness in any part of your body.



Watch closely for changes in your health, and be sure to contact your doctor if:
You do not get better as expected.

Where can you learn more?

Go to <http://www.kp.org>.

Enter X549 in the search box to learn more about "Head Injury in Adults: After Your Visit."

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Your Kaiser Permanente Care Instructions

Neck Strain: After Your Visit

Your Care Instructions

You have strained the muscles and ligaments in your neck. A sudden, awkward movement can strain the neck. This often occurs with falls or car accidents or during certain sports. Everyday activities like working on a computer or sleeping can also cause neck strain if they force you to hold your neck in an awkward position for a long time.

It is common for neck pain to get worse for a day or two after an injury, but it should start to feel better after that. You may have more pain and stiffness for several days before it gets better. This is expected. It may take a few weeks or longer for it to heal completely. Good home treatment can help you get better faster and avoid future neck problems.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

If you were given a neck brace (cervical collar) to limit neck motion, wear it as instructed for as many days as your doctor tells you to. Do not wear it longer than you were told to. Wearing a brace for too long can make neck stiffness worse and weaken the neck muscles.

Put ice or a cold pack on your neck for 10 to 20 minutes at a time. Try to do this every 1 to 2 hours for the next 3 days (when you are awake) or until the swelling goes down. Put a thin cloth between the ice and your skin.

Take pain medicines exactly as directed.

If the doctor gave you a prescription medicine for pain, take it as prescribed.

If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful. Gently rub the area to relieve pain and help with blood flow. Do not massage the area if it hurts to do so. If your neck is swollen, avoid things that might make swelling worse, such as hot showers, hot tubs, hot packs, and drinks that contain alcohol.

After 2 or 3 days, if your swelling is gone, apply a heating pad set on low or a warm cloth to your neck. This helps keep your neck flexible. Some doctors suggest that you go back and forth between hot and cold. Put a thin cloth between the heating pad and your skin.

Do not do anything that makes the pain worse. Take it easy for a couple of days. You can do your usual activities if they do not hurt your neck or put it at risk for more stress or injury.

Try sleeping on a special neck pillow. Place it under your neck, not under your head. Placing a tightly rolled-up towel under your neck while you sleep will also work. If you use a neck pillow or rolled towel, do not use your regular pillow at the same time.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

You lose bladder or bowel control.

You have weakness in your arms or legs.

Call your doctor now or seek immediate medical care if:

You have new pain, numbness, or tingling in your arms, hands, or legs.

Watch closely for changes in your health, and be sure to contact your doctor if:

Your neck pain gets worse.

Your neck pain is not better after 1 week. It may take longer for the pain to go away completely, but it should feel at least a little better.

Where can you learn more?

Go to <http://www.kp.org>.

Enter M253 in the search box to learn more about "Neck Strain: After Your Visit."

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Medications prescribed during this visit

Name	Start date	Date stopped
HYDRomorphone (DILAUDID) 2 mg/mL Inj Soln	5/12/2011	
Promethazine (PHENERGAN) 25 mg/mL Inj Soln	5/12/2011	
Baclofen (LIORESAL) 10 mg Oral Tab	5/12/2011	

If you have any questions about the information on this page, please contact your health care practitioner's office.

Member name: Patty Anderson
Date of birth:
Gender: Female
Primary care physician: CHARLES ANTHONY PRIOR MD
Date printed: 6/3/2011

Information about my past visits

For more explanation about what kind of information you'll get about your past visits, see the help page.

General information

What:

Office Visit with STEVEN L GOODMAN MD

When:

Thursday May 12, 2011 3:20 PM

Where:

INTERMEDIATE CARE SERVICES (SAN MARCOS OUTPATIENT MED CTR U-SAMU)

Diagnosis:

STRAIN OF NECK

Vitals

Blood Pressure:

119/73

Pulse:

80

Temperature:

98.9

Temp source:

Oral

Respiration:

18

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
5/17/2011 1:50 PM	CHARLES ANTHONY PRIOR MD	Famsdsam Pcf F

Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp(Src)	Ht	Wt
118/72	81	99.1 °F (37.3 °C) (Tympanic)	1.753 m (5' 9")	80.74 kg (178 lb)

Vitals History Recorded

BMI Data

Body Mass Index	Body Surface Area
26.27 kg/m ²	1.98 m ²

Visit Diagnoses

STRAIN OF NECK
CONCUSSION

Patient Instructions

Your Kaiser Permanente Care Instructions

Neck Strain: After Your Visit

Your Care Instructions

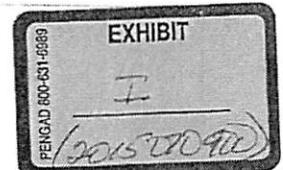
You have strained the muscles and ligaments in your neck. A sudden, awkward movement can strain the neck. This often occurs with falls or car accidents or during certain sports. Everyday activities like working on a computer or sleeping can also cause neck strain if they force you to hold your neck in an awkward position for a long time.

It is common for neck pain to get worse for a day or two after an injury, but it should start to feel better after that. You may have more pain and stiffness for several days before it gets better. This is expected. It may take a few weeks or longer for it to heal completely. Good home treatment can help you get better faster and avoid future neck problems.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- If you were given a neck brace (cervical collar) to limit neck motion, wear it as instructed for as many days as your doctor tells you to. Do not wear it longer than you were told to. Wearing a brace for too long can make neck stiffness worse and weaken the neck muscles.



hours for the next 3 days (when you are awake) or until the swelling goes down. Put a thin cloth between the ice and your skin.

- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
 - Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.
- Gently rub the area to relieve pain and help with blood flow. Do not massage the area if it hurts to do so.
- If your neck is swollen, avoid things that might make swelling worse, such as hot showers, hot tubs, hot packs, and drinks that contain alcohol.
- After 2 or 3 days, if your swelling is gone, apply a heating pad set on low or a warm cloth to your neck. This helps keep your neck flexible. Some doctors suggest that you go back and forth between hot and cold. Put a thin cloth between the heating pad and your skin.
- Do not do anything that makes the pain worse. Take it easy for a couple of days. You can do your usual activities if they do not hurt your neck or put it at risk for more stress or injury.
- Try sleeping on a special neck pillow. Place it under your neck, not under your head. Placing a tightly rolled-up towel under your neck while you sleep will also work. If you use a neck pillow or rolled towel, do not use your regular pillow at the same time.
- To prevent future neck pain, do exercises to stretch and strengthen your neck and back. Learn how to use good posture, safe lifting techniques, and proper body mechanics.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You lose bladder or bowel control.
- You have weakness in your arms or legs.

Call your doctor now or seek immediate medical care if:

- You have new pain, numbness, or tingling in your arms, hands, or legs.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your neck pain gets worse.
- Your neck pain is not better after 1 week. It may take longer for the pain to go away completely, but it should feel at least a little better.

Where can you learn more?

Go to <http://www.kp.org>.

Enter **M253** in the search box to learn more about "**Neck Strain: After Your Visit.**"

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Allergies

Allergies as of 5/17/2011			Date Reviewed: 5/17/2011
	Noted	Type	Reactions
Sulfa Class (Sulfa (Sulfonamide Antibiotics))	10/6/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath
Latex	10/6/2008		Skin Rash and/or Hives, Asthma and/or Shortness of Breath

Medications

NEW Medications

traMADol (ULTRAM) 50 mg Oral Tab

Patient Reported Taking

	Dosage
traMADol (ULTRAM) 50 mg Oral Tab (Taking)	1-2 TAB PO Q6-8H PRN PAIN
Baclofen (LIORESAL) 10 mg Oral Tab (Taking)	1 TAB PO TID PRN MUSCLE SPASM
Fludrocortisone (FLORINEF) 0.1 mg Oral Tab (Taking)	1 TAB PO BID
Propranolol (INDERAL) 40 mg Oral Tab (Taking)	TAKE 1 TABLET DAILY
Fluticasone (FLONASE) 50 mcg/Actuation Nasl SpSn (Taking)	USE 2 SPRAYS IN EACH NOSTRIL DAILY

Orders

Future Appointments

Date & Time	Provider	Department	Center
5/18/2011 10:50 AM	Patrick Daniel (M.D.) Fong	Nepsdsam Nep	SAMU
6/2/2011 1:00 PM	Phyllis J (R.T.) Walker	Rspsdvis RspS S	VISU

Our flu shot clinics open in early October. Flu vaccinations will be available at our facilities at no cost for members throughout the winter. To find out where, call 1-866-70-NO-FLU (1-866-706-6358). Kaiser Permanente recommends that every child 6 months and older and all adults get a flu shot every year. For information about preventing and treating colds and the flu, visit kp.org/flu.

Adults should participate in at least 30 minutes of moderate exercise (such as a brisk walk) for five or more days each week. Children should participate in at least 60 minutes of moderate exercise (such as a brisk walk) for five or more days each week. For help getting more active, please call our Healthy Living Helpline at 1-866-402-4320. THRIVE!

 **BRAIN INJURY ASSOCIATION
IDENTIFICATION**

NAME: **Patty Anderson Johnson**

DATE OF BIRTH: [REDACTED]

LEADER NUMBER: **W 011**



PLEASE BE PATIENT

- Cognitive difficulties (e.g. difficulty with thinking clearly, maintaining concentration, tiredness, solving problems, planning and completing projects, short term memory problems)
 - Physical problems (e.g. reduced balance, slower reflexes, headaches and reduced stamina)
 - Sensory disabilities (e.g. sight, smell, hearing, taste)
 - Difficulty with expressing oneself or understanding others
 - Personality changes (e.g. irritability, intolerance, depression, anxiety, socially inappropriate behaviour, mood swings)
 - Difficulty in learning and remembering new information
- 

EXHIBIT

J

10/15/07 900

RENCAD 800-831-6899



MIRACOSTA COMMUNITY COLLEGE DISTRICT

1 Barnard Drive, Oceanside, CA 92056
▶ P 760.757.2121 ▶ F 760.795.6609 ▶ www.miracosta.edu

August 21, 2014

To Whom It May Concern:

I write this letter of support for Ms. Patricia Anderson. Patty worked under my direction at MiraCosta College for many years, teaching both Introduction to Oceanography and Introduction to Oceanography Laboratory. I also had the pleasure to interact with her commonly in Department meetings and at meeting of the local professional society, the San Diego Association of Geologists, as well as at other professional as well as personal occasions. In addition, I conducted formal visitations and evaluations during her times in the classroom.

I always found Patty to be intelligent, but also enthusiastic and energetic. She regularly taught the Oceanography Laboratory course, which is the most demanding course to teach in our entire curriculum. It is a course which we do not let newer faculty teach, as it involves physical activity, field work and time aboard the teaching vessel *R/V Sea Explorer*, in addition to regular aspects of classroom instruction. The reason that we do not allow newer faculty to teach the course is the demands, both intellectual and physical, are significant. I happily scheduled Patty to teach the very demanding course, though, without hesitation.

In addition to being a fine and outstanding teacher, Patty demonstrated a powerful intellect. She often suggested improvements in the curriculum, and proposed new laboratory activities for the laboratory course.

When I reviewed the student evaluations of her work, they included comments such as "extremely helpful", "so knowledgeable", "tons of experience to share" and "teaches in a very visual and kinetic way. Needless to say, with student feedback such as this, we were always happy to offer her continued employment.

I was so sad when I learned that an automobile accident occurred in which she was seriously injured. We lost a valuable colleague in the process, as she is now disabled. We miss her lively presence, both on campus and at off-campus events. I have seen Patty since the accident, and she certainly isn't the same person that she was before. I can attest that the accident had a profound effect on her.

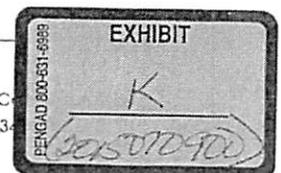
Sincerely,

Christopher V. Metzler
Chair, Physical Sciences
MiraCosta College

Community Learning Center
1831 Mission Avenue, Oceanside, CA 92058
▶ P 760.795.8710 ▶ F 760.795.8730

Oceanside Campus
1 Barnard Drive, Oceanside, CA 92056
▶ P 760.757.2121 ▶ F 760.795.6609

San Elijo Campus
3333 Manchester Avenue, Carlsbad, CA 92008
▶ P 760.944.4449 ▶ F 760.634.4449



August 16, 2014

Letter re: Patty Anderson-Johnson

To Whom It May Concern:

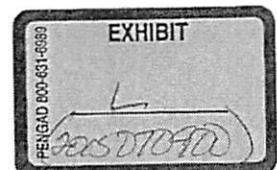
I have known Patty Anderson-Johnson for nearly 20 years as both a friend and a colleague. We met while she was a student at Palomar College; I was the Oceanography faculty member assigned to the Ocean Institute boat trip and she was a student in another instructor's Oceanography lab course. I followed Patty through her completion of studies at Palomar College, her transfer and graduation in Earth Science at UCSD, and eventual graduate studies at Scripps Institution of Oceanography (SIO). Our relationship during that time was one of mentorship, collegiality, and friendship. Our relationship grew not only due to our mutual interest in oceanography, but also due to each of us having our first child three days apart.

Through the years, Patty and I spent a great amount of time with family activities and trips with our children to such places as the beach, whale-watching, and the zoo. Our children also attended the same Christian elementary school. In addition to typical active parent roles, we both played the part of bringing science into the classroom. Patty's teaching assignments at Palomar College, Miracosta College, and CSU San Marcos threw us together in multiple ways with professional activities such as attendance at talks, conferences, and field trips. Patty also continued activities with faculties at SIO and other professional groups including Association of Women in Science (AWIS). Through these associations, she was very active in outreach to the community, including running "Rock Cycle" workshops at the San Diego Museum of Natural History.

Keeping up with Patty was something I could not do. Her intellect, breadth of life experiences, and talents were beyond compare. She was a passionate advocate for her students, always willing to organize and lead a trip to the beach or midnight grunion run. She involved herself in their educational and professional development. Watching Patty manage a family, teaching career, and professional activities was mind-boggling, a task made more difficult due to back problems and headaches; in addition, her husband had severe health problems that kept him in and out of work for years. Through it all, she was always swimming (in the ocean or in a local pool), or on her surfboard (even while pregnant—she fashioned an inflatable inner tube onto her board for her enlarging abdomen). Any time she could hitch a ride on a boat for whale-watching, she would.

My family took an extended trip out of the area from June 2009 to April 2011. Patty and I communicated periodically to stay up to date on things in general. Upon my return we met for lunch at Chick-Fila. She struggled to walk to meet me, and once inside could hardly stomach eating. She told me that she had been rear-ended by someone who worked at CSU San Marcos...the person was on their cell phone. She showed me the imprint of the license plate on the bumper of her vehicle and related how the incident happened. She had been told the damage to the car was severe, but the fix suggested was cheaper than expenses she would incur if the car was "totaled."

Over the summer and into the fall I resumed my teaching duties at Palomar College. However, I watched as Patty tried to function in what I knew was her former capacity. She could not. We went to a talk at University of San Diego, but I had to drive; she reclined the seat completely back for the trip. Once school began, she had to leave class early and frequently called in sick. She was constantly having debilitating nausea and headaches. She tried laying down; she tried standing up. She had multiple



doctor's appointments and procedures. Due to financial difficulties, she dreaded jeopardizing her job, but didn't want to affect her student's education. She finally had to quit mid-semester and turn over classes to a substitute. She had cut out all sorts of things that she loved. She didn't go surfing; she didn't go swimming. She had quit reading because of the headaches. She could only drive the shortest distance. When she did drive, such as a short trip to Costco, by the time she arrived, she would have forgotten what she went there for. One afternoon I helped her organize and label her sand collection, gathered from a lifetime of adventure, because she couldn't do it herself. Another day I drove her in her vehicle to pick up her daughter at school, just a few miles away. We stopped for gas; she couldn't work the pump. I had witnessed an amazing woman of incredibly high intellect and ability become trapped in her house.

In summary, I have known my colleague and friend Patty Anderson-Johnson to have a thriving career in collegiate-level teaching, physically active lifestyle, and general love of adventure. Although her incredible intellect remains, her ability to do many simple mental and physical tasks has been diminished. She can no longer function at the level to which I had the pleasure of seeing through those professional years. What is also sad is the hardship that this has placed on her husband and two daughters. Patty had always been an involved, fun-loving and active mom; her family has had to make accommodations for her current disability. I am pleased that Patty's body seems to be slowly healing, but the pain, dysfunction, and suffering that I have witnessed is very sad indeed.

If you have any questions about this statement, please contact me at

Respectfully,

Patricia Deen
Professor, Earth, Space, and Aviation Sciences
Palomar College



August 27, 2014

To Whom It May Concern:

Patricia Anderson-Johnson served as an adjunct faculty member here at Cal State San Marcos, where I met her over a decade ago. For six years, I served as her supervisor. Ms. Anderson taught our Earth Science course for future teachers (ES 100) as well as an occasional upper division general education course (Chemistry & the Environment, Chem 311). During this time, I developed a more personal as well as collegial relationship with Ms. Anderson, and I found her to be an extremely enthusiastic and effective educator.

Ms. Anderson stepped into a course (ES 100) that we considered easy to teach, but difficult to teach well. The content covering a broad range of Earth Science topics was mandated by state standards. Ms. Anderson took the basic textbook and list of topics and turned the course into an engaging experience for her students. She added several hands-on activities to teach geology to show the students how to use rock and mineral kits in their classrooms and the Nike shoe investigation to study ocean circulation. She arranged several oceanography field trips through connections she established while at Scripps. Student comments about Ms. Anderson's teaching typically praised her teaching style, claiming such things as, "The course was very exciting, fun, active, and meaningful." The students clearly recognized her enthusiasm and the amount of work that went into the design of her classes.

More personally, I could tell that Ms. Anderson genuinely enjoyed teaching, and was excited by the subjects and the excitement of the learning process. She never slowed down, always modifying her courses to reach more students and to give them more tools to use when they became teachers. She was very civic-minded and encouraged her students to volunteer when opportunities arose, right alongside her and her family.

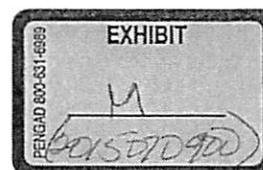
When Ms. Anderson began having difficulty with her health as a result of her accident, it was obvious to everyone around her. First, she had to cancel class, which literally had never happened before in my 5 years as her supervisor at that point. After that, you could tell she was battling major migraines and other pains as she lost focus and could not keep up with the demands of teaching her class. We made accommodations where we could, offering grading help and a few other aids, but eventually, she could not even sit at her computer or stand and talk in front of the class. I was alarmed at her seemingly rapid descent into this state of constant debilitating pain. Even after she left her position, we stayed in touch and I even went with her to one of her appointments as a friend to be sure she was aware of what was going on during the doctor visit.

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See our home page at: <http://www.csusm.edu/Chemistry/>

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If there was any way Ms. Anderson could get back to teaching, I know she would be here right now. Unfortunately, she is just starting to recover to the point where she can send emails that are coherent, and it has been a huge struggle to get this far. Though it will continue to take tremendous effort to improve to the point where she could teach again, I know that Ms. Anderson has a fighting spirit that will help her heal as soon as humanly possible.

I was very sad when Ms. Anderson could no longer teach, and even more sad when she had to move away to be able to focus on her recovery. However, I could see that she was in no condition physically to be able to do her job. I only hope that one day, she will be able to get that excitement of the classroom back.

Sincerely,



Dr. Jacqueline A. Trischman
Department of Chemistry and Biochemistry

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See our home page at: <http://www.csusm.edu/Chemistry/>

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Stephen Guffanti, M.D.

Ph:

Fax:

email:

July 8, 2014

To Whom It May Concern:

I know Patty as a wonderful friend, and have known her for 15 years.

I worked with Patty Anderson on both her 2006 and 2008 school board campaigns. She was organized, articulate and effective. In fact, Patty nearly defeated a 4-year incumbent.

After the 2010 accident, Patty would have episodes of nausea and confusion, during which my wife would take Patty to Kaiser and they would give Patty an IV.

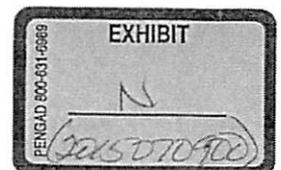
In addition after the accident, Patty experienced terrible headaches, made worse by sitting up. She threw up so intensely, the Kaiser doctors had to correct her electrolyte balance with IV fluids.

Sincerely,

Stephen Guffanti, M.D.

*Dr. Guffanti
new address*

*Dr. G Cell
Maurice*

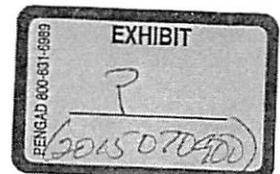


To whom it may concern:

When I first met Patty in 1987 she was a very active and vibrant young lady. She'd had an injury to her lower spine and was being evaluated for candidacy for back surgery at the Kerlan-Jobe Orthopaedic Center in Inglewood California under the care of Dr. Watkins (later, Wayne Gretzky's back surgeon). The type of surgery required someone who had the will and stamina of a professional athlete to ensure an effective recovery, and Patty met the challenge and was considered an excellent candidate. Her surgery was in December of 1987, and we were married the following year, 1 July 1988. Her recovery was quite exemplary and she was soon back to her daily swimming and regular surfing and boogie boarding. She also continued in her studies at Saddleback College where she completed an AS degree in Environmental Sciences in June 1990. She then transferred to Palomar College where she worked on an AS in Chemistry as well as transfer requirements to attend UCSD. She transferred to UCSD in 1992 and began working on a BS degree in Earth Science/Chemistry which she completed in 1996. All the while during her education she remained very active with daily swimming and regular trips to the beach to surf, and the occasional deep sea fishing trip and scuba diving trips.

During the Spring of 1995 (Spring Break) we took a trip to Cozumel to go scuba diving and she completed her Advanced underwater diving certification. Later in the summer of 1995 we took a trip to Australia and dove the Great Barrier Reef: Never showing any problems with the long flights, or the many dives. Having not been initially accepted into graduate school, we chose to start our family in 1996, despite Dr Watkins having said carrying a child to term could be difficult with her fusions (L-4, L-5, S-1). Regardless, her pregnancy was quite normal and in Dec 1996 she gave birth to our first daughter. It was a normal and natural child birth with no medications or paid killers. Something all the doctors at the UCSD Medical Center were quite amazed about, as they knew about the fusions and had monitored her pregnancy quite closely as she was considered "high-risk" due to age (34) and the prior surgery. She was accepted into graduate school the next year, 1997, at UCSD Scripps Institution of Oceanography.

As a mother and a full-time graduate student she performed extremely well, juggling all her studies, work, and mothering, and still remaining very healthy and active with her daily swims and regular surfing trips, and occasional scuba diving in local California waters. In 1999 she was asked to start teaching at a private high school where she taught math and science. She completed her graduate degree in Dec 2000 and continued teaching at the private school, but was then recruited to start teaching at Palomar College. She began picking up additional courses at Palomar, and was then recruited to teach at MiraCosta College as well. By 2003 she was regularly teaching between 5 and 6 classes per semester between Palomar and MiraCosta and still enjoying being a mom to our first child. In late 2004 she became pregnant with our second child and was also being recruited by CSU San Marcos (a 4-year University) to start teaching one class a semester there too. She gave birth to our second daughter in May 2005 and again it was a normal, natural child birth with no medications required. Later that year she was actually teaching at all three schools, being a mother to a 9 year old and a new born, yet still being very physically active and providing quality education, as evidenced by the continued offers to return each year as an adjunct instructor at all three institutions, and the high marks she was regularly giving by her students in the semester end evaluations.



It was about 2006 when she was contacted by a major text book publisher and asked to provide reviews to various scientific text books and to edit/write the instructor's ancillaries as well as to write test questions for the test banks. She typically took on two books per year in addition to her teaching at MiraCosta and CSUSM. She'd stopped teaching at Palomar as she was now teaching at least 2 classes per semester at CSUSM which paid significantly better than Palomar. By 2010 she had approached the Department Chair at CSUSM with concepts for two additional courses she felt she could develop and start teaching. Both were upper division courses which are typically not created or taught by lecturers. However, the Department Chair was very interested in what she was proposing and asked her to start working on the development of the curriculum and have it ready to present to the Department the following year. She developed the draft web pages for these courses and added them to her CSUSM website and had only just finished drafting the curriculum when she was unfortunately rear-ended by a driver talking on his cell phone.

I was at home at the time and received a call from her cell phone, but it was a fireman who was on the phone letting me know she'd been in an accident. He explained that her van was still drivable but that she did not appear to be in any condition to drive. In fact, they had to get in her van a drive it from the intersection where she'd been hit, into a nearby parking lot so as to clear the road for other traffic. Their evaluation of her was that she should be seen by a doctor, but they could only transport her to Tri-City ER and that she desired to go to Kaiser Urgent Care in San Marcos. They told me she didn't need emergency treatment but should be seen by a doctor to be sure there were no unseen injuries. I had a neighbor drive me to the scene arriving about 20 minutes after the call and found only Patty and the driver of the vehicle that had hit her. He was very apologetic and very concerned but could not say how fast he was traveling when he struck her car. Evidence in the form of an imprint of his car's license plate in Patty's rear bumper and his front bumper being buckled and the hood of the car being lifted and out of place was very clear, along with Patty's van's rear bumper being turned slightly under and the rear hatch being misaligned, all indicated a fairly significant impact. Especially considering that the Dodge Grand Caravan is a pretty heavy and well build vehicle. I was actually rather surprised that with the damage done to his vehicle that it was still drivable. There was fairly significant damage to the front end.

Patty was lying down in the passenger seat when I arrived, as the seat can fully recline. Trying to get her to sit up so that we could drive resulted in her becoming nauseous and complaining of a severe headache. I got her comfortable in a partially reclined position and started driving her to Kaiser San Marcos. However, as she was supposed to be giving a final at CSUSM that day she wanted me to take her there first so that we could inform the department chair of the situation. When we arrived the department chair had another emergency come up and asked me to take the test to Patty's classroom, take role, and pass out the tests as a take home test. I completed this task in about 30 minutes and I then headed back to pick up Patty and take her to Kaiser. We got there a few minutes later and checked her into the Urgent Care where they provided her with some pain medications via and IV. The doctor asked what I knew of what had happened, and I told him what I knew. The doctor was not happy that the paramedics had not insisted on transporting her to Tri-cities, but dealt with what he was presented. I had to leave to pick up the kids from school and get them settled before I could head back to pick Patty up from Urgent Care. The Doctor had sent her for x-rays and put her in a neck brace, then provided her some pain killers to take home and told her to get plenty of rest and follow up with her primary care physician. We headed home and she called her department chair at MiraCosta to discuss finishing the rest of the week. I took her to MiraCosta

on Thursday morning where she showed some films and then headed back home. On Friday I took her to her colleague's, Patty Deen, house who then took her to MiraCosta to help her set up and run the last lab, which she had to cut short even with assistance from Patty Deen. The next week at MiraCosta I dropped off the finals with another colleague of Patty's who administered the finals as he owed her for covering for some of his classes earlier in the year. I had to pick these finals after the final class that week. I also had to go to CSUSM to pick up the take-home test I'd previously handed out to her students as Patty was still unable to drive or spend any time standing up without vomiting or at least being very nauseous and having serious head pains. I had to take care of the grading for both her schools and entering the grades into the on-line system as she was not in any shape to do so.

Over the summer break her head pains and nauseousness continued and she only got slightly better. However, she wanted to try returning to her job as she really enjoyed the work she did. I had to drive her to work and wait for her through each class. This was not an ideal situation, but it was working somewhat. I was also finding that I had to assist her with grading tests and papers as well as helping her to get organized each day for her classes as she was still quite confused. She had come up with a method for lecturing that appeared to be working where she would check off each item on the daily syllabus as she completed lecturing. She also switched to doing more videos, and instructor lead class discussions. Reports from the students indicated they weren't as happy with her as they'd been in previous semesters. But, her departments were willing to tolerate this as they hoped her condition would improve with time.

During this time I also had to take her to her doctors' appointments, and take care of all the shopping and other tasks she used to do. There were also a number of times that I had to take her to urgent care for serious head pains, dizziness, and nauseousness. She was often disoriented and easily got lost if she tried to do any driving on her own. At home I was having to cover for all the work she'd previously done with the kids as well as taking care of her. I continued to note her forgetfulness and noticed she needed a significant amount of down time every day. The spark was gone and she was not able to go swimming, or to the beach or do any of the many physical routines she used to do. She could no longer load or unload a dishwasher, do dishes, or load and unload laundry from the washer or drier as the bending would hurt her neck and head. She even had difficulty sorting laundry as she couldn't get the colors into the right piles or different textures or material separated. She couldn't seem to keep these things straight or process them as required.

Eventually, with the lack of exercise due to the pain from head and neck problems, her low back began to hurt more too. Recalling what her surgeon at Kerlan-Jobe Orthopaedic had said, this was not unexpected as they'd been very clear that she would need to maintain her physical conditioning to ensure stability of the fusions and that she would have to keep her weight under control as well. Of course with the lack of regular exercise the weight was being put on; if only slightly since she continued to have bouts of nauseousness, which resulted in her vomiting and losing her meals and thus not eating well.

Her temper was also becoming an issue as she would think she'd told us things which she had not, and she was not able to socialize with her students or colleagues as she'd done for so many years. Her social life and work life was completely changed as was our personal life and sex life. In fact we had to sleep in separate beds for a while as any movement on my part caused her lots of pain and

discomfort. The intimacy in our relationship was lost and I spent a lot of time talking to a councillor from our church about the changes in our lives since her accident. I had made a promise of "for better or worse" and was going to stick to that promise. But, I needed help in learning how to deal with this new Patty, and the difficulties she was going through. As a result of these talks I had to re-evaluate where I was and what I was doing, and how best to address our family's needs.

As I noticed her decline in her teaching skills and ability to work I chose to make an attempt to return to work despite my heart condition. I took a position in January 2012 which caused her to have to try to drive herself to work or to rely on friends and neighbors to drive her. I had tried to talk her out of working, but she was convinced she could do it. The councillor from church had said she would have to discover things for herself, as this was her personality: a hard worker in need of regular social interaction – needing to know that she was contributing to the betterment of society. This didn't work too well, but was at least keeping her income coming in. However, it was not long before her employers asked her to take leave as she was not performing to standards and taking too many days off from work.

After taking the summer of 2012 off, she again thought she could return to work and made an attempt. But, very soon realized this was not going to work. Once again her employers asked her to take disability leave so that they could hire a replacement and the students would not have to be dropped from the classes. She did so, and the down-time and treatments she was getting from her chiropractor and Kaiser MD were showing some signs of improvement. But, the memory issues persisted and any time she pushed herself she would be right back to having head, neck and back pain, nausea, and increased issues with her memory. Eventually her Kaiser doctor told her she should seriously consider taking disability retirement, which at first she argued against. But, when the schools required a note from her doctor to allow her to return to work, and her doctor refused to provide it, she finally agreed to consider it.

As her income was impacted by this lack of work, and as I too found that I could not sustain the work I was doing in downtown San Diego, we considered our options which included moving to a family farm in New Zealand where I would take care of the business financials in return for accommodations. We began to take this seriously when we realized that paying the house payments, the medical bills that were not being covered, and waiting for a settlement that just kept dragging on and on was causing us to have to cash in our retirement savings, and the expenses just weren't getting any better.

At first we tried to sell the house, but eventually decided that renting it would be better. I moved to NZ first with my eldest daughter to get things set up in NZ and to get our daughter settled into school, while Patty stayed in CA to get her disability retirement settled. We'd arranged for various friends and members of our church to keep an eye on Patty and provide her with help until our youngest daughter finished her school year and they were able to head down to join us.

The more relaxed environment of only taking care of herself and our younger daughter while having so much help from friends and neighbors did seem to help her some. But, upon her arrival here in NZ I did note the long trip on the plane had taken its toll. We had arranged for a friend to fly with her as well, as she really wasn't sure where she was going and could be easily lost. We had also arranged for Air New Zealand to help her as she was traveling with a young child.

Her condition continues to cause problems, though we are seeing signs of improvement. She has actually gotten to a point where she recognises that she is having problems remembering things. Before, she didn't even seem to know or acknowledge there were problems. Her temper is still an issue at times, especially when she realises she can't help her children with their homework. Not even simple math problems involving more than two sets of numbers. However, getting her set in a routine and making sure she regularly sees her chiropractor and regularly goes to the gym and local pool to exercise as well as getting her involved in our local church group does seem to be helping. Also, the good food and clean living on the farm seem to be helping quite a bit.

Her recent trip to California to see doctors was NOT helpful, as it got her very nervous about having to travel alone, and on long flights. However, we once again arranged with Air New Zealand, explaining the situation and they took very good care of her and made sure she made her transfers and connecting flights and that there was someone there to help her with her luggage and getting through customs and biosecurity. She did get some more pain treatments in California (Botox shots in her neck) that seem to help quite a bit.

We continue to try to keep her focussed on recovery here on the farm we are comfortable. But, at her present rate of recovery it is doubtful that she will be able to again return to teaching at the University level any time in the near future. I wish she could as she so enjoyed doing such and regularly talked of the good she was doing teaching science and being a role model to young women. She continues to speak of returning to such work, and we hope she can. But, with all the little problems I'm not holding my breath. I once had a very vibrant and active wife who enjoyed life, but now I have a wife who struggles to get through the day and is continuously hampered by many little things that just don't seem to be easily understood. She is just not herself anymore and both I and the girls are significantly impacted in our lives by the changes in Patty.

I will attempt to list some of the things I continue to see her having difficulty with below:

Weakness in her hands:

- Not able to use a manual can opener
- Holding on to dishes
- Holding on to a hair brush while brushing our daughters' hair
- Using various cooking utensils as her grip will fail

Confusing directions:

- Unable to give directions to people or to follow directions given by others
- Unable to follow directions in a cook book
- Trying to bake a cake from memory and getting it completely wrong: missing steps and ingredients
- Unable to decorate a cake (she used to decorate elaborate birthday cakes and wedding cakes. But now has difficulties both with directions and with using her hands to do the decorating).
- Difficulty finding things at the store: ESPECIALLY if they rearrange the shelves.
- Easily gets lost if there is a detour on the road and she has to leave her regular route. I bought her a Garmin Navigation system to help her find her way back home. There have

been many times over the years since the accident where she would call me to say she was lost. I'd have her tell me the street name and I'd look her position up on the Internet only to discover she was no more than a block or two from where she needed to be. This never happened before the accident.

Difficulty working with a mirror:

- She can't seem to get her brain to process a reverse image and coordinate her hands to work when looking in a mirror
- Confuses things (what side of the car they are on) in the mirror when trying to drive

Crossing her hands over the center of her body:

- Can't coordinate her reach if she reaches across the centerline of her body
- Can't pick things up if reaching across the centerline of her body

Balance:

- Easily falls if she loses sight of her focus point when walking
- Can't balance on a flat board
- Must closely concentrate and hold on to a rail when walking up or down stairs

Math and other executive or processing:

- Can't do simple math problems with more than two or three numbers or number sets
- Easily confused when trying to convert from one standard to another (she used to teach this in her science classes as science is often taught in the metric system as opposed to the English system of measure.)
- Can setup complex math problems and even explain methods, but can't solve them. A definite processing issue that frustrates her to no end!

Taking notes or messages:

- She can't remember a phone message, and often forgets to even write it down
- If she writes it down she often gets times or places confused
- Forgets names of people. She used to be really good at names of people and would surprise people whom she'd met only once or twice before many years in the past by not only remembering their name but specifics about when and where they'd met and what was discussed. Interestingly, she still has that long-term memory and can seem to do this with people from long past, but NOT with people she has recently met.

Stanley E. Johnson

Patty Anderson Johnson

From: Moore, Odessa
Sent: Tuesday, October 14, 2014 9:29 AM
To:
Cc: Ainsworth, Jeanlaurie
Subject: In the Matter of the Application for Disability Retirement of PATRICIA A. ANDERSON, Respondent, and CALIFORNIA STATE UNIVERSITY, SAN MARCOS, Respondent
Attachments: Anderson Withdrawal Letter.pdf
Flag Status: Flagged

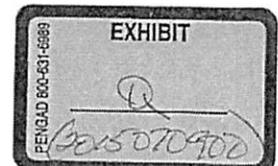
Dear Ms. Anderson,

Attached is a letter of withdrawal regarding your appeal. Please sign and date it and email or fax it back and also please mail the signed original back to us, attention of Jeanlaurie Ainsworth.

Thank you.

Odessa D. Moore | CalPERS Legal Office
916.795.4074 | Odessa.Moore@CalPERS.ca.gov

*Secondary
if found O's called
then please clarify*





California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2013-0989

October 13, 2014

Patricia A. Anderson

Via email:

Subject: In the Matter of the Application for Disability Retirement of
PATRICIA A. ANDERSON, Respondent, and CALIFORNIA STATE
UNIVERSITY, SAN MARCOS, Respondent

Dear Ms. Anderson:

From our discussions and emails, I understand you were injured in a car accident and that there is a claim pending against your insurance company, Allstate, because the driver was uninsured and it is an uninsured motorist's claim. Under Government Code 20252, CalPERS has lien rights to any recovery in the claim on the accident if you receive disability retirement. Please provide me the name of the attorney so I can file a notice of lien.

I also understand you have moved to New Zealand and I am still to use the Reno address in sending mail to you.

You stated that your friend and co-worker, Jackie Tischman, was going to represent you. I have never received any communication from her or an authorization from you that she is going to represent you.

Later, you also indicate you were no longer interested in pursuing the disability retirement claim. If that is correct, and you want to dismiss your appeal in this matter, CalPERS requires written confirmation of your decision.

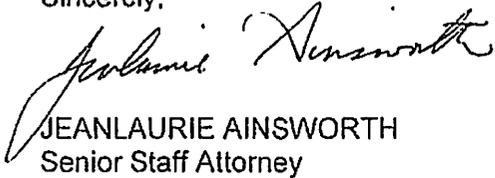
At the bottom of the next page, there is a line for your signature. By signing this letter, you are advising CalPERS that you no longer wish to pursue your appeal of the CalPERS decision as to your disability retirement. Your decision to withdraw your appeal will be final once you have returned this letter to my attention.

In that event, your appeal will not proceed to hearing, and CalPERS' decision as to disability retirement will not be appealable.

Patricia Anderson
October 13, 2014
Page 2

If it is still your decision to withdraw your appeal in this matter, please sign this letter in the space where indicated. You can scan that and email it back to me. Please give me a call, if you have any questions. I can be reached at (916) 795-0975.

Sincerely,



JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:tim

I, PATRICIA ANDERSON wish to withdraw my appeal with OAH in the Matter of the Appeal of the Denial of the application for disability retirement by Patricia Anderson, Respondent.

MS. PATRICIA ANDERSON

Dated: _____

Dear Ms Ainsworth,

When discussing my situation with CalPERS prior to my initial application for Disability I was sent some Official Documentation to read. After reading the letter you have sent me and re-reading the documents sent to me by CalPERS I find myself confused. Can you clarify some things for me regarding both the CalPERS State Reference Guide and the Guide to Completing Your CalPERS Disability Retirement Election Application? Have the rules been changed since I signed my contract and since I applied for Disability Retirement?

Having reviewed the withdrawal letter you sent, most specifically the information contained in the first paragraph pertaining to CA Government Code 20252, Right of Subrogation, I require clarification before signing this letter. My reasoning is as follows:

Either the claim of subrogation rights stated in this letter is false, or the information presented by CalPERS to its employees is false and misleading.

CalPERS State Reference Guide (see attached, pg 92, last paragraph left hand side)

"If the member pursues a claim against any person for the same injuries that also entitles the member to a disability retirement from CalPERS (other than a Workers' Compensation claim or an uninsured motorist claim), the member must inform CalPERS. This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in the claim through filing its own action against the responsible party, intervening in the claim or filing a lien against any judgment recovered. If such a claim is settled without notifying CalPERS, we may also be entitled to file a lawsuit against the member for recovery under our subrogation rights."

Guide to Completing Your CalPERS Disability Retirement Election Application (see attached, pg 5, paragraph 2),

"If you pursue a claim against any person for the same injuries that also entitle you to a disability retirement from CalPERS — other than a workers' compensation claim or an uninsured motorist claim — you must inform CalPERS. This is true even if the claim has not yet resulted in a court action."

Therefore, should I pursue my challenge to CalPERS' initial findings on my application for Disability Retirement, and should CalPERS then attempt to place a lien against my uninsured motorist claim with Allstate, I would be forced to file suit against CalPERS for false and misleading guidance supplied to their employees in the official documents issued by CalPERS.

I must further ask that any information provided by Dr. Tantuwaya be discounted as fraudulent and false as it was clearly submitted with malicious intent, and appears to be the result of CalPERS attempting to "doctor shop" to obtain a determination clearly discriminating against me as a result of my disability.

Sincerely,

Patricia A. Anderson, MSc

