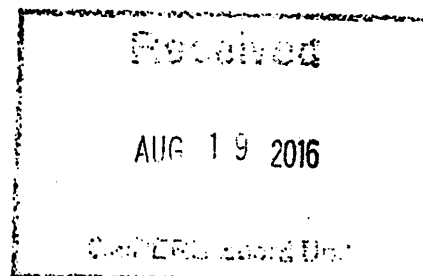


ATTACHMENT C
RESPONDENT'S ARGUMENT

August 16, 2016

Ref No. 2015-0265

Cheree Swedensky,
Assistant to the Board CalPERS Executive Office
P.O. Box 942701
Sacramento, CA. 94229-2701
Fax: (916) 795-3972



SUBJECT: Respondent's Argument

Dear Ms. Swedensky:

I am appealing the decision to deny my application for Industrial Disability Retirement as I am physically incapable of fulfilling the complete range of official duties administered by the commissioner pursuant to Section 2400 CVC (California Vehicle Code), pursuant to 2268 CVC, and other critical duties that may be necessary for the preservation of life and property.

While the State's witness (Dr. Hendricks), testified that I displayed little or no signs of incapacity for performance of duties on the date of his evaluation, he also readily acknowledged that a person could have "a good day" where the limitations of a given injury or injuries might not be readily visible. Dr. Hendricks further acknowledged that while he testified I could perform the required critical tasks, his examination of me did not test my ability to perform those tasks nor did he examine me wearing the required safety equipment which the position of State Traffic Officer calls for. The simple fact of the matter is that I am rendered incapable of performing the critical tasks of this position. I am rendered incapable by the numerous injuries I've sustained over a twenty four year career and I am often left near paralyzed when wearing the required safety equipment as the weight of this equipment only intensifies the pain and exacerbates the effects of the injuries.

Dr. Hendricks focused on my back injury during the Administrative Hearing. I think it's important to note that my application for Industrial Disability Retirement included the matter of Hypertension. I believe this was intentionally overlooked. As a result of poor medical care I received from the State of California while being treated by a back injury, I was prescribed medication which ultimately damaged my heart and some internal organs. As a result of this, I often have difficulty controlling my bowels. I hope you understand how difficult this can be for an officer working in the field. I was awarded a 51% disability rating for this.

While findings on (and treatment for), a right shoulder injury were still pending when I filed my application for Industrial Disability Retirement, I have since received a 52% disability rating on the right shoulder injury as it includes some nerve damage. Finally, I received a 21% disability rating for the damage to my back.

I understand that Dr. Hendricks is a respected retired professional and I have high regard for him as an individual but I believe he is mistaken in his evaluation of my condition and ability to perform the required critical tasks of a State Traffic Officer with the Department of California Highway Patrol and I urge you to please reconsider and find in my favor.

I thank you for your time and consideration in this matter.

Respectfully,

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

Edward Aragon, 13340 (retired)

Edward Aragon

STATE OF CALIFORNIA
Division of Workers' Compensation
Workers' Compensation Appeals Board

Case No. ADJ9149364

EDWARD ARAGON,

Applicant,

vs.

CALIFORNIA HIGHWAY PATROL;
SCIF INSURED SACRAMENTO;

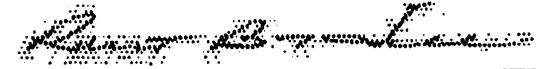
Defendants.

AWARD

AWARD IS MADE in favor of EDWARD ARAGON against CALIFORNIA HIGHWAY PATROL; SCIF INSURED SACRAMENTO; of:

- (A) Additional temporary disability indemnity in accordance with section 2(a) above;
- (B) Permanent disability indemnity in accordance with section 3 above;
- (C) Liens in accordance with section 7;
- (D) Further medical treatment in accordance with section 4;
- (E) Reimbursement for medical-legal expenses in accordance with section 5;
- (F) Stipulations in sections 8 and 9 are approved;

DATE: 6/13/2016



Robert Hill
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

SERVICE:

EDWARD ARAGON, US Mail
SCIF INSURED-SACRAMENTO, US Mail
SCIF STATE EMPLOYEES LEGAL GLENDALE, US Mail
SCIF STATE EMPLOYEES RIVERSIDE, US Mail
SCIF STATE EMPLOYEES SACRAMENTO, US Mail

NOTICE TO:

Pursuant to Rule 10500, you are designated to serve this/these document(s) forthwith on all parties shown on the Official Address Record.

ON: 6/13/16

BY: S. BURKE

Document ID: 9010800275581042688

STATE OF CALIFORNIA
Division of Workers' Compensation
Workers' Compensation Appeals Board

Case No. ADJ10115635

EDWARD ARAGON,

Applicant,

vs.

CA HIGHWAY PATROL; SCIF STATE
EMPLOYEES SACRAMENTO;

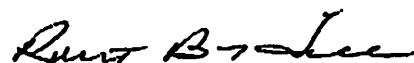
Defendants.

AWARD

AWARD IS MADE in favor of EDWARD ARAGON against CA HIGHWAY PATROL;
SCIF STATE EMPLOYEES SACRAMENTO; of:

- (A) Additional temporary disability indemnity in accordance with section 2(a) above;
- (B) Permanent disability indemnity in accordance with section 3 above;
- (C) Liens in accordance with section 7;
- (D) Further medical treatment in accordance with section 4;
- (E) Reimbursement for medical-legal expenses in accordance with section 5;
- (F) Stipulations in sections 8 and 9 are approved;
- (G) The matter is ordered taken off calendar.
- (H)

DATE: 3/22/2016



Robert Hill
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

SERVICE:

EDWARD ARAGON, US Mail

OMARA HAMPTON RIVERSIDE, US Mail

SCIF STATE EMPLOYEES LEGAL GLENDALE, US Mail

SCIF STATE EMPLOYEES SACRAMENTO, US Mail

NOTICE TO: Pursuant to Rule 10500, you are designated to serve this/these document(s) forthwith on all parties shown on the
Official Address Record. ON: 3/22/16BY: S. BURKE



2 3917804 000000005 001 013 05629636

June 24, 2016

Edward Aragon

Claim Number: 05629636
Employee: Edward Aragon
Date of Injury: 09/09/2010

Dear Edward Aragon

In accordance with the Award, it has been established that you are entitled to compensation benefits as follows:

Permanent Disability Compensation or Death Benefits Due Per Award

Percentage	51%
Rate:	[REDACTED]
Period(s)	1/12/2011-5/19/2016
Total	[REDACTED]
<u>Less deduction(s)</u>	
Fees Paid to Attorney:	\$0
Amount Previously Paid:	[REDACTED]
Other:	
Interest for Commutation:	\$0
<u>Total Deduction(s)</u>	[REDACTED]
<u>Balance Due</u>	
Balance Due:	[REDACTED]
Weeks Due:	[REDACTED]
Rate:	[REDACTED]

A payment in the amount of [REDACTED] was sent separately. This check completes the payments of your award.

PLEASE INCLUDE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE.

Sincerely

Jessica Dean

Jessica Dean
Senior Claims Representative
(916)924-5097





June 13, 2016

Edward Aragon

Claim Number: 06091206
Employee: Edward Aragon
Date of Injury: 03/13/2015
Employer: Ca Highway Patrol Disability
& Retirement

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

State Compensation Insurance Fund, the claims administrator for Ca Highway Patrol Disability & Retirement, is handling your workers' compensation claim. This notice is to advise you of the status of permanent disability payments for your workers' compensation injury of March 13, 2015.

The Agreed Medical Evaluator, Dr. Neil Halbridge, has determined in the comprehensive medical evaluation that your injury is permanent and stationary and has resulted in permanent disability, which we estimate at 52%. This rating is equivalent to [REDACTED]. The above physician also indicates that you are in need of future medical care.

Enclosed please find a copy of the medical report used to make this determination.

Payments for permanent disability are beginning for the period from March 1, 2016 through June 14, 2016.

The payment in the amount of [REDACTED] was sent separately. Your weekly compensation rate is [REDACTED] based on your earnings of [REDACTED] per week.

Payments will be sent every two weeks on Tuesday and will continue until [REDACTED] has been paid based on the AME report of Dr. Neil Halbridge. These payments will be deducted from any award you may receive.

If you have any questions or need clarification regarding the content of this notice, please contact your attorney.

We will not request a rating of the physician's report from the State of California Disability Evaluation Unit. However, you may contact an Information and Assistance Officer to have the report reviewed and rated by the Disability Evaluation Unit.