WCAB Case No(s). ADJ 11540526

STEEVIO BARDAKJIAN, VS. COUNTY OF LOS ANGELES;

permissibly self-insured, administered by Sedgwick Claims Management Services,

Inc.,

APPLICANT,

DEFENDANT(S).

AWARD

AN AWARD is made in favor of STEEVIO BARDAKJIAN against COUNTY OF LOS ANGELES, permissibly self-insured, administered by Sedgwick Claims Management Services, Inc., of:

- (A) Additional temporary disability indemnity in accordance with paragraph 2(a) above,
- (B) Permanent disability indemnity in accordance with paragraph 3 above, less the sum of **\$12,495.38**, payable to applicant's attorney as the reasonable value of services rendered,
 - \boxtimes Fees are to be commuted pursuant to paragraph 6.
- (C) Liens in accordance with paragraph 7 above,
- (D) Further medical treatment in accordance with paragraph 4 above,
- (E) Reimbursement for medical-legal expenses in accordance with paragraph 5 above,
- (F) Stipulations in paragraphs 8 and 9 are approved.

(G) The matter is ordered off calendar / set for status/lien conference.

Date:

August 23, 2024

DAVID L. POLLAK

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE



	STATE OF CALIFOR DIVISION OF WORKERS' COI WORKERS' COMPENSATION AI STIPULATIONS WITH REQUES	MPENSATION PPEALS BOARD
ADJ11540526	Date of Injury	07/3/2018

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/enue Choice is bas	sed upon: (Completion of th	is section is required)		
County of resider	nce of employee (Labor Code	section 5501.5(a)(1) or (d).)		
County where inj	ury occurred (Labor Code sec	ction 5501.5(a)(2) or (d).)		
County of princip	al place of business of emplo	yee's attorney (Labor Code section !	5501.5(a)(3) or (d).)
VNO				
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Applicant (Complet	tion of this section is requir	ed)		
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BARDAKJIAN			•	
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. STEEVIO Employees First	Name				1
BARDAKJIAN Employees Last					
	3/1970 MM/DD/YYYY	_			
while employed at	LOS ANGELES COU	NTY	ert of the state o	***************************************	<u>CA</u> State
as a(n) NURSE		Occupation		, <u>212</u> Group	i
41168319.1 DWC-CA f	orm 10214 (a) Page 4 (Rev 4/2014)	·		p	

More than 4 Co	mpanion Cases	
	Specific Injury	
ADJ11540526 Case Number 1	Cumulative Injury	07/03/2018 (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1: LUN	MBAR SPINE Body Part 2: RIC	GHT KNEE Body Part 3: RIGHT HIP
Body Part 4:	Other Body Parts:	
	Specific Injury	
Case Number 2	Cumulative Injury	(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1:	Body Part 2:	Body Part 3:
Body Part 4:	Other Body Parts:	
	Specific Injury	
Case Number 3	Cumulative Injury	(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1:	Body Part 2:	Body Part 3:
Body Part 4:	Other Body Parts:	
	Specific Injury	
Case Number 4	Cumulative Injury	(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY) (If Specific Injury, use the start date as the specific date of injury)
Body Part 1:	Body Part 2:	Body Part 3:
Body Part 4:	Other Body Parts:	
		sustained injury(ies) arising out of and in the course of employment to
LUMBAR SPIN	E AND RIGHT KNEE ONLY PER	REPORTING OF AME LEE WOODS
APPLICANT ST	TPULATES TO TREAT WITHIN T	HE MPN SUBJECT TO UR AND IMR.
	(Please list a	all body parts injured)

141168319.1 DWC-CA form 10214 (a) Page 5 (Rev 4/2014)

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any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded. PENALTIES AND INTEREST ARE WAIVED IF PAYMENT OF THE AWARD COMMENCES WITHIN APPLICANT AGREES THAT THERE ARE NO UNPAID CLAIMS FOR PENALTIES AND INTEREST DAYS AFTER SERVICE OF THE AWARD. N ANY CLASS OF BENEFIT UP TO THE DATE OF THE APPROVAL OF THE STIPULATIONS WITH EQUEST FOR AWARD. Mc Luding MeGA Flex AIMS FOR REIMBURSEMENT OF DEFENDANTS TO TAKE CREDIT FOR ALL PDAS PAID (ACCORDING TO PROF). SETTLEMENT IS BASED ON REPORT OF DR. WOODS THAT RATES TO 52% STEEVIO BARDAKJIAN Applicant applicant's Attorney or Authorized Representative: Non Attorney Representative BRE17 THERE Last Name 1937365 KOSDIN FIELDS Law Firm name 6151 VAN NUYS BLVD Address/PO Box (Please leave blank spaces between numbers, names or words) Zip Code State VAN NUYS City plicant Attorney Signature Dated 141168319.1 DWC-CA form 10214 (a) Page 7 (Rev 4/2014)

Defendant's Attorney or Authorized Representative:	
Law Firm/Attorney Non Attorney Representative	
CONNIE	
First Name	'
MCHUGH	
Last Name	
5122463	
Firm Number	
LEWIS BRISBOIS I Costa Mesa	
Law Firm Name	
650 TOWN CENTER DRIVE, SUITE 1400 Address/PO Box (Please leave blank spaces between numbers, names or words)	
Address/PO Box (Please leave blank spaces between numbers, names or words)	
COSTA MESA	CA 92626
City	State Zip Code
to ly ball	1 milal
Dated 08/16/2029	Popper 112141
MW/DD/YYYY	Defense Attorney Signature
Defendant's Attorney or Authorized Representative:	,
Law Firm/Attorney Non Attorney Representative	
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Law Firm/Attorney Non Attorney Representative First Name	
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First Name Last Name Firm Number Law Firm Name Address/PO Box (Please leave blank spaces between numbers, names or words) City Dated	State Zip Code Defense Attorney Signature

EAMS Name: LEWIS BRISBOIS LOS ANGELES EAMS Administrator: Ana Sosa EAMS Administrator Phone No.: (213) 599-7744 EAMS Administrator Email: ana.sosa@lewisbrisbois.com 1 CALIFORNIA STATE COURT PROOF OF SERVICE 2 Steevio Bardakjian v. Olive View Medical Center; Sedgwick 3 ADJ11540526 4 STATE OF CALIFORNIA, COUNTY OF ORANGE 5 At the time of service, I was over 18 years of age and not a party to the action. My business 6 address is 650 Town Center Drive, Suite 1400, Costa Mesa, California 92626. 7 On August 28, 2024, I served the following document(s): 8 > AWARD 9 I served the documents on the following persons at the following addresses (including fax numbers and e-mail addresses, if applicable): Service List Attached 11 The documents were served by the following means: 12 (BY U.S. MAIL) I enclosed the documents in a sealed envelope or package 13 addressed to the persons at the addresses listed above and: 14 Placed the envelope or package for collection and mailing, following our ordinary business practices. I am readily familiar with the firm's practice for collection and processing 15 correspondence for mailing. Under that practice, on the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, 16 in a sealed envelope or package with the postage fully prepaid. 17 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 18 Executed on August 28, 2024, at Costa Mesa, California. 19 20 21 John Gerrard 22 23 24 25 26 27

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1 2 **SERVICE LIST** 3 Steevio Bardakjian v. Olive View Medical Center 4 ADJ11540526 Claim No.: 21-900110-B 5 DOI: 07/03/2018 LBBS File No. 35008-534 6 7 Workers Compensation Appeals Board (e-filed) 8 6150 Van Nuys Blvd., Suite 105 Van Nuys, CA 91401 9 10 Sedgwick Evlin Makhani 11 P.O. Box 11028 Orange, CA 92856 12 Koszdin, Fields, Sherry & Katz 13 6151 Van Nuys Blvd. Van Nuys, CA 91401 14 Steevio Bardakjian 15 25367 Splendido Ct. Stevenson Ranch, CA 91381 16 Olive View Medical Center 17 14445 Olive View Dr. Sylmar, CA 91342 18 orangelitigation@sedgwick.com 19 lacounty@ventivcloud.com 20 21 22 23 24 25 26 27

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