THE NUTS & BOLTS OF HANDLING A MOTOR VEHICLE ACCIDENT CASE

Michelle Mandel - The Law Offices of Michael Mandel
1390 Market Street, Ste. 310
San Francisco, CA 94102
415-626-5400
mjmandel@yahoo.com

INTAKE MEMORANDUM

REFERRED BY:

DATE:

Client:

Date of Birth:

SSN #:

TYPE OF CASE:

DATE OF INJURY:

FACTS:

INSURANCE:

CLIENT:

ADVERSE

PROPERTY DAMAGE:

INJURIES:

MEDICAL HISTORY:

MEDI-CAL/MEDI-CARE

LOSS OF TIME FROM WORK:

TO DO:

Name: _____ Date of Birth: _____

LIST OF MEDICAL PROVIDERS

Please complete the information requested below for all physicians, hospitals and chiropractors who have provided any type of medical care to you during the past _____ years.

Physician, Hospital or Chiropractor	Phone Number	Street Address	City	State	Zip Code	Dates of Treatment	Reason for Treatment

_____ _____

Date *Signature*

WAGE AND SALARY VERIFICATION

TO:

Attn: Human Resources

EMPLOYEE:

PERSONAL INJURY INCIDENT OF:

Length of Employment: **From:**
Through:

Job Title or Description:

Wage or Salary as of accident date:
$_____ (per hour)
$_____ (per week)
$_____(Per month)
$_____(Per year)

Average weekly wage: $_____
Average hours per week: _____
Average days per week: _____
Average overtime hrs. per week: _____
Overtime Paid at what rate?
Time and a half:
Double Time:
Triple Time:
Other (Explain)_____
_____

Additional Compensation:
(Bonuses, commission, tips, meals, etc) $ _____

Missed promotions, raises, etc. $ _____ Explain: _____
_____

(Please use back of page, if necessary)

Dates absent following Accident: **From:** _____
Through: _____
Total Days: _____

Date employee return to work: **Light work:** _____
Regular work: _____

TOTAL LOST EARNINGS:
(Including sick pay, vacation pay, etc.) $_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on _____ at So. San Francisco, California.

_____
Signature

Title: _____

_____
Print Name

Address & Tel. No. _____
_____
_____

California State Automo[illegible] Association
Inter-Insurance Bureau
150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186

Automobil[illegible] [illegible]olicy Declarations

Please keep with your policy.
See Important Notice on reverse.

For questions or changes call: 1-800-922-8228

1. NAME AND ADDRESS OF INSURED

[redacted]
HAYFORK CA 96041-1269

POLICY INFORMATION

DECLARATIONS TYPE: Renewal Certificate	PAGE: 1 of 1
POLICY TYPE: Member	PROCESS DATE: 10-08-2010
POLICY NUMBER: 6P-70-54-2	INSURED SINCE: 1999

Your Policy Period

FROM	11-18-2010	12:01 A.M. Standard Time at the address of the Named Insured, but not prior to the time applied for or, if this is a replacement declarations, not prior to the time coverage change was requested.
TO	11-18-2011	12:01 A.M. Standard Time at the address of the Named Insured.

ALTERNATE ADDRESS	OCCUPATION	ALTERNATE NUMBER	TELEPHONE NUMBER
			628-5421

VEHICLE(S)

ITEM	MAKE	MODEL YR.	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
~~04~~	~~FORD~~	~~1989~~	~~2D WAG~~	~~1FMEU15H8KLA47675~~
05	FORD	2005	1/2 TN	1FTPW14535FA75689
06	JEEP	1989	2D CON	2J4FY19E3KJ123462

DRIVER(S)

Drivers do not necessarily correspond to principally operated vehicles.

NAME
[redacted]

COVERAGES/PREMIUMS

COVERAGE	LIABILITY LIMITS EACH PERSON	LIABILITY LIMITS EACH OCCURRENCE	ITEM 04 DEDUCT.	ITEM 04 PREMIUM	ITEM 05 DEDUCT.	ITEM 05 PREMIUM	ITEM 06 DEDUCT.	ITEM 06 PREMIUM	ITEM DEDUCT.	ITEM PREMIUM
Bodily Injury	15,000	30,000		$62		$98		$101		
Medical Payments	No Coverage		No Coverage		No Coverage		No Coverage			
Uninsured Motorists	15,000	30,000		$11		$20		$19		
Property Damage		25,000		$51		$99		$81		
Comprehensive Actual Cash Value Less Deductible			No Coverage		500	$183	No Coverage			
Collision Actual Cash Value Less Deductible			No Coverage		500	$348	No Coverage			
All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage		No Coverage			
TOTAL PREMIUM PER VEHICLE ▶				$124		$748		$201		

Automobile Death Benefits	EXPLANATION OF LIMIT CODES	LIMIT CODE	PREMIUM
	A=$15,000 first named insured. B=$15,000 each first named insured and spouse. C=$15,000 each additional named insured shown on endorsement F329.	B	$8

Premium Summary
THIS IS NOT A BILL.

CA Surcharge: $0.00

Annual Premium: $1,081.00

CHANGES

SCHEDULE OF CHANGES

You may qualify for a
Multi-Policy discount.
For more info call your
Sales Representative.

Roger Bell
707-451-7111

DISCOUNTS/MESSAGES

ITEM	RATED DRIVER	DSR	YDE	PRIOR ANN MILES	FUTURE ANN MILES	GARAGE ZIP	VEHICLE USAGE	GENDER	MARITAL
04	[redacted]	PT		1,000	1,000	96041	Undesignated		
05		0 PT	34	12,000	12,000	96041	Principal	F	M
06		1 PT	29	1,000	1,000	96041	Principal	M	M
		PT							

SEE REVERSE FOR EXPLANATION OF CODES.

Enhanced Transportation Expense Coverage: Item/s 05.
DISCOUNTS: Mat Drv: None
Good Driver: Item/s 04 05 06
Multi Car: Item/s 04 05 06

LOSS PAYEE(S)

ITEM 05
REDWOOD CREDIT UNION
[redacted]
CA

ITEM

ITEM

ITEM

Office Use Only
04P91U X 3 A01
0509 PFM29 8334 05 A12
06P51PMMV 1329 04 A01
075 265 N

Allstate Indemnity Company

Policy Number [redacted]
Policy Effective Date: Feb. 27, 2010

Your Agent: Darlene C Masamori (415) 664-8205

COVERAGE FOR VEHICLE # 3

1999 Lexus Rx300

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance			Not Applicable	$157.09
• Bodily Injury	$100,000	each person		
	$300,000	each occurrence		
• Property Damage	$100,000	each occurrence		
Uninsured Motorists Insurance for Bodily Injury	$100,000	each person	Not Applicable	$28.92
	$300,000	each accident		
Automobile Medical Payments	$2,000	each person	Not Applicable	$14.74
Auto Collision Insurance Waiver of deductible applies	Actual Cash Value		$500	$122.75
Auto Comprehensive Insurance	Actual Cash Value		$500	$48.67
Total Premium for 99 Lexus Rx300				**$372.17**

DISCOUNTS Your premium for this vehicle reflects the following discounts:

Good Driver	20%	Multiple Policy	$7.46
Distinguished Driver	$57.00	Loyalty Discount	$42.19

RATING INFORMATION Your premium is determined based on certain information, including the following:

The estimated number of miles that this vehicle is driven annually is 6,000 - 7,999. This vehicle is driven for pleasure, rated as an extra vehicle with no assigned operator

If any of the information shown above is incorrect or if it changes in the future, please notify Allstate promptly. A change in the information could result in a premium adjustment.

HIPAA MEDICAL RECORDS AUTHORIZATION
AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number:_____
Date of Birth:_____

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

_____
Address:_____

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

[ ] problem list
[ ] medication list
[ ] list of allergies
[ ] immunization record
[ ] most recent history and physical
[ ] most recent discharge summary
[ ] laboratory results from (date)_____to (date)_____
[ ] x-ray and imaging reports from (date)_____to (date)_____
[ ] consultation reports from (doctors' names)_____
[ ] entire record
[ ] other _____

_____ _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Law Offices of Michael J. Mandel
1390 Market Street, Suite 310
San Francisco, CA 94102
(415) 626-5400

for the purpose of: **Legal Representation**

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition:_____. If I fail to specify an expiration date, event or condition, this authorization will expire in one year.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information).

_____ _____
Signature of Patient or Legal Representative *Date*

_____ _____
If Signed by Legal Representative, Relationship to Patient *Signature of Witness*

KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEMBER/PATIENT HEALTH INFORMATION

IMPRINT AREA

I understand that Kaiser Permanente will not condition treatment, payment, enrollment, or eligibility for benefits on my providing or refusing to provide this authorization.

I hereby authorize:

Name of Disclosing Party

Address

City State ZIP

To disclose to:

Name of Recipient

Address

City State ZIP

If requesting your own records for yourself, specify facilities: _____

Records and information pertaining to:

Name of Member/Patient (List Other Names Used) | Medical Record Number | Date of Birth

Address | Telephone Number

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here _____ (Date).

REVOCATION: This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

REDISCLOSURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

SPECIFY RECORDS: Check the box, initial and/or sign to specify which type of information is to be disclosed.

- ☐ **MEDICAL INFORMATION**
- ☐ **PSYCHIATRIC INFORMATION**
- ☐ **DRUG/ALCOHOL INFORMATION**
- ☐ **RESULTS OF AN HIV TEST**
- ☐ **GENETIC RECORDS**

_____ (Initial)

Signature Date

Signature Date

Signature Date

Signature Date

Specify the records to be disclosed: _____

The recipient may use the health information authorized on this form for the following purposes:

A copy of this authorization is as valid as the original.
Member/Patient has a right to a copy of this authorization.

Date | Signature | If Signed by Other than Member/Patient, Indicate Relationship

May 9, 2012

Paula Plaintiff
5 Day Street
San Francisco, CA 94134

Re: ***Date of Accident: May 8, 2012***
INSTRUCTIONS TO CLIENT

Dear Paula:

Thank you for giving us the privilege to represent you in connection with your case.

For many years, we have been helping our clients obtain the awards that they are entitled to because of their injuries. The success of your case, however, depends on your cooperation.

Situations may arise with which you are not familiar, and therefore, we have prepared a list of instructions to cover such questions.

IMPORTANT

1. **DO NOT DISCUSS YOUR ACCIDENT WITH ANYONE,** except personnel of our office. Refer any person making any inquiry to us, and inform us of all such inquiries.

2. **YOUR OWN INSURANCE COMPANY:** It is important that you comply with all the terms of your own insurance policy, so that you will not prejudice your rights therein. If your agent, broker or adjuster requested information from you, advise them that we have information regarding your accident. If they insist upon taking a report or statement from you, have them call our office so that we may speak to such person, BEFORE they take your statement.

If you have your own medical insurance, either under your automobile insurance policy or through some other private or group insurance policy, it is to your benefit to send copies of your medical bills to them for payments.

In some cases, depending upon the language of your own particular insurance policy, you may or may not be required to reimburse your insurance company for any medical expenses which they pay on your behalf, upon a successful conclusion of your case. Most automobile insurance policies containing medical payment coverage contain reimbursement clauses. The only exception I am presently aware of are policies issued by CSAA.

If you are a Kaiser Member, Kaiser will submit a statement for medical services rendered in connection with your accident related injuries. Your Kaiser Health Plan Agreement contains a provision entitling Kaiser to reimbursement upon the successful conclusion of your case.

It is very rare for the insurance company of the Defendant to pay any of your expenses before the case is settled.

3. **APPOINTMENTS AND CORRESPONDENCE:** If you are unable to be at an appointment with your doctor, us or anyone else regarding this case, notify them that you are cancelling and arrange for a new appointment date. If you receive calls or letters from us, please reply at once. Delay may be detrimental to your case.

4. **EXPENSES:** Keep a record of all expenses connected with this case. Save bills and receipts for doctors, drugs, hospital, appliances, repair estimates and other bills, and mail them to us. If possible, send all bills in duplicate; obtain a written bill or receipt whenever possible. If more than one person is being treated, kindly indicate clearly for whom the charges are billed.

5. **CORRESPONDENCE FROM PERSONS OTHER THAN YOUR ATTORNEYS:** Mail all correspondence and forms you receive from others to our office (including those from your own insurance company). All completed forms and reports should be mailed to us, so that we may check their correctness and make copies for our records.

PLEASE SIGN NOTHING WITHOUT FIRST CONTACTING US.

6. **KEEPING YOUR ATTORNEY UP TO DATE:** Inform this office of any or all of the following:

(a) Changes in your address or telephone number;
(b) Change in your employment;
(c) Changes in your physical condition;
(d) Date of your return to work;
(e) Date of your discharge from hospital and doctor; and

(f) Material facts which occur to you after our initial interview, such as the name of a possible witness.

7. **WHEN IN DOUBT:** If you are in doubt regarding any matter, call our office.

8. **FOLLOW YOUR DOCTOR'S ADVICE:** Only by following your doctor's advice can you hope to hasten your recovery from the injuries in your accident. All your complaints following your accident should be reported to your doctor for evaluation.

9. **STATE DISABILITY INSURANCE:** If you have no income protection plan of your own, you might consider applying to the State Disability Office for assistance while you are unemployed.

10. **KEEP THIS LETTER:** Please save this letter and refer to it when you are in doubt as to what you should do.

We are here for your protection, guidance and information. If you have any questions, please do not hesitate to call this office at your convenience.

Sincerely,

Michael J. Mandel

MJM:cm

September 27, 2010

George Elizalde
Bristol West
PO Box 268994
Oklahoma City, OK 73126

RE: Our Client :
Your Insured :
Date of Loss : August 25, 2010
Claim No. : 1016739887

Dear Mr. Elizalde:

Please be advised that this office has been retained to represent Paula Plaintiff for personal injuries she sustained in a motor vehicle accident involving your insured on August 25, 2010 in San Francisco.

Kindly forward any further correspondence in this matter to our office.

Please call should you have any questions.

Sincerely,

MICHELLE MANDEL

January 31, 2011

Kristen Adams
CSAA
PO Box 920
Suisun City, CA 94585

RE: Client : Michelle Mandel
Insured: [redacted]
Date of Loss: 01/12/2010
Claim No.: 14-T57798-6

Dear Ms. Adams:

I am writing you at this time to provide you with documentation for my client's injuries and special damages, along with a settlement proposal. A summary of the claim follows:

FACTS OF INCIDENT

On the morning of January 12, 2010, Ms. Mandel was involved in a significant accident on E. Hillsdale Boulevard in Foster City. She had just dropped her three year old daughter off at preschool and was headed to the YMCA for an exercise class when she was suddenly hit by a large truck that was coming from the opposite direction.

At the time of the accident, Ms. Mandel was driving her 2007 Toyota Rav in the right lane on E. Hillsdale Blvd in Foster City. At the location of the incident, E. Hillsdale Blvd. has three lanes in each direction which are separated by a center divider, landscaped with trees and shrubbery. Suddenly a large Ford Ranger driven by your insured, [redacted] who was driving on E. Hillsdale in the opposite direction, lost control of his vehicle, drove into the center median, struck a tree and continued northbound through the median. [redacted] first struck a large white van which was traveling in the No. 1 W/B lane of E. Hillsdale and then continued to travel northbound across the westbound lanes of traffic and collided with the left side of the Toyota Rav.

The Foster City Police Department responded to the scene of the incident and took a report and photographs. In addition, Foster City Public Works arrived on the scene to clear the debris from the roadway.

All three cars sustained major damage and were towed from the scene of the accident. Ms. Mandel's Toyota Rav sustained major damage to its left side and was declared a total loss.

Attached please find a copy of the Traffic Collision Report in addition to photographs depicting the damage to the Toyota Rav and the accident scene.

INJURIES/MEDICAL TREATMENT

Ms. Mandel was visibly shaken and had immediate complaints of pain to her shoulder, arm and hip area. She was treated at the scene by the Foster City Fire Department. The pain increased in the hours following the accident and the next morning she was seen at the Immediate Care Clinic in San Mateo for an evaluation. Chief complaints included: burning pain and stiffness in the neck , shoulders and back. Dr. Arthur Polussa noted tenderness and decreased range of motion in the cervical spine, trapezoid and upper to mid-back. He advised rest, ice and provided a prescription for Flexeril.

On January 19, 2010, Ms. Mandel was seen by her primary care physician, Dr. Sylvia Yuen complaining of bilateral shoulder pain, right sided neck pain radiating into the right arm and mid-low back pain radiating into the right leg . Dr. Yuen's impression was cervical and lumbar strains and sprains secondary to the motor vehicle accident. Dr. Yuen provided prescriptions for physical therapy and massage treatment.

Physical therapy commenced on January 25, 2010, with Eric Lederhaus, DPT at Apex Physical Therapy. Ms. Mandel's complaints included: neck pain radiating into the right arm and wrist in addition to back pain radiating into the right leg. Therapy treatment included: therapeutic exercises, ultrasound, ice and heat treatment, massage, manual traction, and instruction in a home exercise program. There were sixteen visits, through and including April 27, 2010. At the final visit, Ms. Mandel reported improvement but still had residual symptoms. Following discharge from physical therapy, she continued a regular home exercise program.

In addition, to the physical therapy treatment, Ms. Mandel had four therapeutic massage treatments with David Platshon, CMT at Hazel Hornsell and Associates in San Mateo.

Due to persistent neck and right shoulder complaints with numbness and tingling in the right hand and wrist she was evaluated by Dr. Gary A. Belaga, a neurologist on March 22, 2010. Upon examination, Dr. Belaga noted that neck rotation to the left was reduced by 15% and there were positive bilateral Tinel's Signs, more on the right. His impression was a cervical disc injury and right sided carpal tunnel syndrome.

The medical expenses incurred are as follows:

Sylvia Yuen, M.D.	**$150.00 (Estimate)**
Immediate Care Clinic	**$125.00**
Apex Physical Therapy	**$3,585.00**
Hazel J. Hornsell & Associates (Massage)	**$273.00**
Gary Belaga, M.D.	**$402.00**
TOTAL MEDICAL EXPENSES	**$4,535.00**

Ms. Mandel continues to have intermittent right sided back and neck pain which radiates into her right arm/wrist. In addition, range of motion is limited in the neck. She self-treats with stretching, yoga, swimming and body conditioning.

WAGE LOSS

At the time of the accident, Michelle Mandel was working as an attorney at the Law Offices of Michael Mandel in San Francisco. Due to her injuries she missed eight days of work, January 13 to January 22, 2010. At the time of the incident, she earned $6.000.00 per month with an annual salary of $72,000.00. Her wage loss claim is as follows:

$300 per day x 8 days = $2400.00

Ms. Mandel's total wage loss claim is in the amount of **$2,400.00.**

Attached please find a wage loss verification.

CONCLUSION

Enclosed please find medical records and itemized bills from Immediate Care Clinic, Dr. Sylvia Yuen, Apex Physical Therapy, Hazel J. Hornsell and Associates and Gary Belaga, M.D. Considering the liability, damages and injuries sustained our demand to settle is in the amount of **$37,000.00.**

Sincerely,

Michael J. Mandel

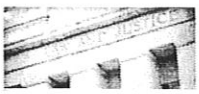
COMPEX
Legal Services, Inc.

HOME | SERVICES | LAW FIRM OFFERINGS | INSURANCE COMPANY OFFERINGS | ABOUT US | CONTACT US

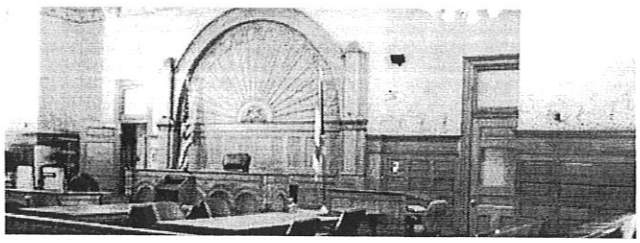
Records Retrieval Deposition Reporting Multi-Plaintiff Litigation Medical Records Summarization


Records Retrieval


Deposition Reporting


Multi - Plaintiff Litigation


Medical Records Summarization



COMPEX Legal Services:

A premier nationwide provider of record retrieval and deposition reporting services for over 35 years through a commitment in:

- Outstanding Performance
- State of the Art Technology
- Value Added Services
- Superior Customer Support

Home | Performance | Technology | Value Add | Support

REGISTERED CLIENTS - LOGIN

RECORDS RETRIEVAL

Username Help

Username

Password

••••••••

LOG IN

Texas Center Clients GO

DEPOSITION REPORTING

California Clients GO

Texas Clients GO

UNREGISTERED CLIENTS

Place an Order GO

Request Registration GO

Meet Us At

ASCDC 51st Annual Seminar - March 1-2
at Biltmore Hotel in LA, CA

Go paperless with *COMPEX*

Records Retrieval | Document Retrieval | Class Action Lawsuit | Deposition Reporting | Court Reporting | Workers Compensation | Subpoena Preparation | Medical Records Summarization
Law Firm Offerings | Insurance Company Offerings | Process Serving | Litigation Support Services | E-Discovery | Subpoena Service | Plaintiff Firms | Defense Firms | Property & Casualty

Home | Privacy Policy | Terms and Conditions | © 2010 *COMPEX* Legal Services, Inc. | Site Last Updated: 10/7/2010

January 14, 2011

Department of Health Services
Third Party Liability
Personal Injury Unit, MS 4720
PO Box 997425
Sacramento, CA 95899-7425

RE: Patient Name: Paula Plaintiff
Date of Injury: August 20, 2010
Date of Birth: 04/03/1980
Medi-Cal No/SSN:

To Whom it May Concern:

This office represents **Paula Plaintiff** in connection with personal injuries she sustained in a motor vehicle accident on August 20, 2010 in San Francisco. Ms. Plaintiff sustained injuries to her neck and back. Treatment was at San Francisco General Hospital.

Please send us a list/itemization of medical/hospital expenses paid on behalf of **Paula Plaintiff** for this date of injury.

Sincerely,

MICHELLE MANDEL

MSPRC

Sign-up for MSPRC e-Newsletter
Quick Links: Skip to main page content

HAVE YOU REPORTED YOUR LIABILITY INSURANCE, NO-FAULT INSURANCE, OR WORKERS' COMPENSATION CASE?

The first step in the Medicare Secondary Payer recovery process is reporting your case to the Coordination of Benefits Contractor (COBC). If you have not reported your case, please **click here** for COBC reporting instructions and contact information.

Don't Forget!

Once you establish your case with the COBC, you will receive a "Rights and Responsibilities" (RAR) letter from the MSPRC. The MSPRC will then automatically generate a "Conditional Payment Letter" (CPL) within 65 days from the date on your RAR letter. You do **NOT** need to request the CPL separately.

Coming Soon - The Medicare Secondary Payer Recovery Portal

A new online Self-Service Tool to help manage your Medicare recovery case.

The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing a new web-based tool designed to assist in and accelerate the resolution of Liability Insurance, No-Fault Insurance, and Workers' Compensation Medicare recovery cases. ***The new tool is called, The Medicare Secondary Payer Recovery Portal (MSPRP).***

The MSPRP will give users (attorneys, insurers, beneficiaries, and TPAs) the ability to access and

update certain case specific information online. Activities that currently require written communication or telephone calls to the Medicare Secondary Payer Recovery Contractor will soon be able to be done through the portal.

The MSPRP will allow users the ability to electronically perform the following activities:

- **Submit Proof of Representation or Consent to Release documentation** - *Instead of mailing in an authorization, users will be able to upload authorizations through the portal.*
- **Request conditional payment information** - *Requesting an updated conditional payment amount or a copy of a current conditional payment letter will be as simple as clicking a few buttons.*
- **Dispute claims included in a conditional payment letter** - *Users will be able to view the claims listed on the conditional payment letter and dispute unrelated claims online.*
- **Submit case settlement information** - *Users will be able to input settlement information online and upload a copy of the settlement documentation through the portal.*

The MSPRP is scheduled to go live in July 2012. Additional details regarding the MSPRP will be shared on this website in the coming months.

New Option to Self-Calculate Your Conditional Payment Amount

Effective February 21, 2012, the Centers for Medicare & Medicaid Services (CMS) implemented a new option that allows Medicare, in some cases, to provide a final conditional payment amount before settlement. This option involves beneficiaries and/or their representatives self-calculating the final conditional payment amount. If the eligibility criteria are met, this option is best exercised when you have a current conditional payment letter from the MSPRC and you are nearing settlement of the case.

Refer to either the Attorney or Medicare Beneficiary Tool Kit for Self-Calculated Conditional Payment Amount Information (including an example submission package) and Model Language.

New Fixed Percentage Option For Medicare's Recovery Claim

Effective November 7, 2011, the Centers for Medicare & Medicaid Services has implemented a new and simple fixed percentage option that is available to certain beneficiaries. This option is available to beneficiaries who receive certain types of liability insurance (including self-insurance) settlements of $5000 or less.

A full explanation, including instructions on how and when to elect this option, is available in the

Fixed Percentage Option section of both the Attorney and Beneficiary Toolkits.

Beneficiary Alert: $300 Threshold on Liability Settlements

Medicare has implemented a $300 threshold for certain **Liability Insurance** cases. If all of Medicare's criteria are met, the MSPRC will not recover against the beneficiary's settlement, judgment, award or other payment.

We have posted a detailed explanation in the Attorney and Insurer Toolkits.

Alert: Liability Insurance (Including Self-Insurance) and December 5, 1980 (12/5/1980):

Additional policy details have been provided by the Centers for Medicare & Medicaid Services on liability insurance (including self-insurance) cases involving exposure, ingestion, and implantation.**Click here** to view the update.

Announcements

About MSPRC

The Medicare Secondary Payer Recovery Contractor (MSPRC) protects the Medicare trust fund by recovering payments Medicare made when another entity had primary payment responsibility. The MSPRC accomplishes these goals under the authority of the Medicare Secondary Payer (MSP) Act. The MSPRC identifies and recovers Medicare payments that should have been paid by another entity as the primary payer either under a Group Health Plan (GHP) or as part of a Non-Group Health Plan (NGHP) claim which includes, but is not limited to Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation. The MSPRC does not pursue supplier, physician, or other provider recovery.

 Learn about your letter

SUM-100

SU[illegible]ONS
(CITACION JUDICIAL)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):
[redacted]nd DOES 1 - 10

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):
[redacted]

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center *(www.courtinfo.ca.gov/selfhelp)*, your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site *(www.lawhelpcalifornia.org)*, the California Courts Online Self-Help Center *(www.courtinfo.ca.gov/selfhelp)*, or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of $10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

*¡**AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.*

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), *en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.*

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), *en el Centro de Ayuda de las Cortes de California,* (www.sucorte.ca.gov) *o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de $10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.*

CASE NUMBER: *(Número del c[illegible]* CGC-11-[redacted]

The name and address of the court is:
(El nombre y dirección de la corte es):
SUPERIOR COURT OF CALIFORNIA
400 McALLISTER STREET
SAN FRANCISCO, CA 94102

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):
MICHAEL J. MANDEL, ESQ.
1390 MARKET STREET, SUITE 310
SAN FRANCISCO, CA 94102
LAW OFFICES OF MICHAEL MANDEL, ESQ.
Tel: 415-626-5400
Fax: 415-626-5420

DATE: *(Fecha)* SEP - 2 2011 CLERK OF THE COURT Clerk, by *(Secretario)* DENNIS TOYAMA , Deputy *(Adjunto)*

(For proof of service of this summons, use Proof of Service of Summons *(form POS-010).)*
(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, *(POS-010)).*

[SEAL]

NOTICE TO THE PERSON SERVED: You are served
1. ☒ as an individual defendant.
2. ☐ as the person sued under the fictitious name of *(specify):*
3. ☐ on behalf of *(specify):*
   under: ☐ CCP 416.10 (corporation) ☐ CCP 416.60 (minor)
   ☐ CCP 416.20 (defunct corporation) ☐ CCP 416.70 (conservatee)
   ☐ CCP 416.40 (association or partnership) ☐ CCP 416.90 (authorized person)
   ☐ other *(specify):*
4. ☐ by personal delivery on *(date):*

Form Adopted for Mandatory Use
Judicial Council of California
SUM-100 [Rev. July 1, 2009]
Martin Dean's ESSENTIAL FORMS™

SUMMONS

Code of Civil Procedure §§ 412.20, 465
www.courtinfo.ca.gov

CARRION, ESMERALDA

CASE NUMBER: CGC [redacted]

NOTICE TO PLAINTIFF

A Case Management Conference is set for:

DATE: **FEB-03-2012**

TIME: **9:00AM**

PLACE: **Department 610**
400 McAllister Street
San Francisco, CA 94102-3680

All parties must appear and comply with Local Rule 3.

CRC 3.725 requires the filing and service of a case management statement form CM-110 no later than 15 days before the case management conference.

However, it would facilitate the issuance of a case management order **without an appearance** at the case management conference if the case management statement is filed, served and lodged in Department 610 twenty-five (25) days before the case management

Plaintiff must serve a copy of this notice upon each party to this action with the summons and complaint. Proof of service subsequently filed with this court shall so state.

ALTERNATIVE DISPUTE RESOLUTION POLICY REQUIREMENTS

IT IS THE POLICY OF THE SUPERIOR COURT THAT EVERY CIVIL CASE PARTICIPATE IN EITHER MEDIATION, JUDICIAL OR NON-JUDICIAL ARBITRATION, THE EARLY SETTLEMENT PROGRAM OR SOME SUITABLE FORM OF ALTERNATIVE DISPUTE RESOLUTION PRIOR TO A MANDATORY SETTLEMENT CONFERENCE OR TRIAL.
(SEE LOCAL RULE 4)

Plaintiff must serve a copy of the Alternative Dispute Resolution Information Package on each defendant along with the complaint. All counsel must discuss ADR with clients and opposing counsel and provide clients with a copy of the Alternative Dispute Resolution Information Package prior to filing the Case Management Statement.

[DEFENDANTS: Attending the Case Management Conference does not take the place of filing a written response to the complaint. You must file a written response with the court within the time limit required by law. See Summons.]

Superior Court Alternative Dispute Resolution Coordinator
400 McAllister Street, Room 103
San Francisco, CA 94102
(415) 551-3876

See Local Rules 3.6, 6.0 C and 10 D re stipulation to commissioners acting as temporary judges

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
MICHAEL J. MANDEL, ESQ. 42964
LAW OFFICES OF MICHAEL MANDEL, ESQ.
1390 MARKET STREET, SUITE 310
SAN FRANCISCO, CA 94102
TELEPHONE NO.: (415) 626-5400 FAX NO.: (415) 626-5420
ATTORNEY FOR (Name):

FOR COURT USE ONLY

ENDORSED
FILED
San Francisco County Superior Court
SEP - 2 2011
CLERK OF THE COURT
BY: DENNIS TOYAMA
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
STREET ADDRESS: 400 McALLISTER STREET
MAILING ADDRESS:
CITY AND ZIP CODE: SAN FRANCISCO, CA 94102
BRANCH NAME: UNLIMITED

CASE NAME: [redacted]

CIVIL CASE COVER SHEET
☒ Unlimited (Amount demanded exceeds $25,000) ☐ Limited (Amount demanded is $25,000 or less)

Complex Case Designation
☐ Counter ☐ Joinder
Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)

CASE NUMBER: CGC-11-513898
JUDGE:
DEPT.:

Items 1-6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort
☒ Auto (22)
☐ Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort
☐ Asbestos (04)
☐ Product liability (24)
☐ Medical malpractice (45)
☐ Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort
☐ Business tort/unfair business practice (07)
☐ Civil rights (08)
☐ Defamation (13)
☐ Fraud (16)
☐ Intellectual property (19)
☐ Professional negligence (25)
☐ Other non-PI/PD/WD tort (35)

Employment
☐ Wrongful termination (36)
☐ Other employment (15)

Contract
☐ Breach of contract/warranty (06)
☐ Rule 3.740 collections (09)
☐ Other collections (09)
☐ Insurance coverage (18)
☐ Other contract (37)

Real Property
☐ Eminent domain/Inverse condemnation (14)
☐ Wrongful eviction (33)
☐ Other real property (26)

Unlawful Detainer
☐ Commercial (31)
☐ Residential (32)
☐ Drugs (38)

Judicial Review
☐ Asset forfeiture (05)
☐ Petition re: arbitration award (11)
☐ Writ of mandate (02)
☐ Other judicial review (39)

Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403)
☐ Antitrust/Trade regulation (03)
☐ Construction defect (10)
☐ Mass tort (40)
☐ Securities litigation (28)
☐ Environmental/Toxic tort (30)
☐ Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment
☐ Enforcement of judgment (20)

Miscellaneous Civil Complaint
☐ RICO (27)
☐ Other complaint *(not specified above)* (42)

Miscellaneous Civil Petition
☐ Partnership and corporate governance (21)
☐ Other petition *(not specified above)* (43)

2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
   a. ☐ Large number of separately represented parties
   b. ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
   c. ☐ Substantial amount of documentary evidence
   d. ☐ Large number of witnesses
   e. ☐ Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
   f. ☐ Substantial postjudgment judicial supervision
3. Remedies sought *(check all that apply)*: a. ☒ monetary b. ☐ nonmonetary; declaratory or injunctive relief c. ☐ punitive
4. Number of causes of action *(specify)*: ONE
5. This case ☐ is ☒ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. *(You may use form CM-015.)*

Date: June 30, 2011

MICHAEL J. MANDEL
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE
- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Form Adopted for Mandatory Use
Judicial Council of California
CM-010 [Rev. July 1, 2007]
Martin Dean's ESSENTIAL FORMS™

CIVIL CASE COVER SHEET

Cal. Rules of Court, rules 2.30, 3.220, 3.400-3.403, 3.740;
Cal. Standards of Judicial Administration, std. 3.10
www.courtinfo.ca.gov

CARRION, ESMERALDA

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
MICHAEL J. MANDEL, ESQ. 42964
LAW OFFICES OF MICHAEL MANDEL
1390 MARKET STREET, SUITE 310
SAN FRANCISCO, CA 94102
TELEPHONE NO.: (415) 626-5400 FAX NO.(Optional): (415) 626-5420
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

FOR COURT USE ONLY

ENDORSED
FILED
San Francisco County Superior Court
SEP - 2 2011
CLERK OF THE COURT
BY: DENNIS TOYAMA
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
STREET ADDRESS: 400 McALLISTER STREET
MAILING ADDRESS:
CITY AND ZIP CODE: SAN FRANCISCO, CA 94102
BRANCH NAME: UNLIMITED

PLAINTIFF: [redacted]

DEFENDANT: [redacted]

☒ DOES 1 TO 1 - 10

COMPLAINT-Personal Injury, Property Damage, Wrongful Death
☐ **AMENDED (Number):**

Type (check all that apply):
☒ MOTOR VEHICLE ☐ OTHER (specify):
☐ Property Damage ☐ Wrongful Death
☒ Personal Injury ☐ Other Damages (specify):

Jurisdiction (check all that apply):
☐ ACTION IS A LIMITED CIVIL CASE
Amount demanded ☐ does not exceed $10,000
☐ exceeds $10,000, but does not exceed $25,000
☒ ACTION IS AN UNLIMITED CIVIL CASE (exceeds $25,000)
☐ ACTION IS RECLASSIFIED by this amended complaint
☐ from limited to unlimited
☐ from unlimited to limited

CASE NUMBER:
CGC - [redacted]

1. **Plaintiff** (name or names): [redacted]

alleges causes of action against **defendant** (name or names): [redacted] and DOES 1 - 10

2. This pleading, including attachments and exhibits, consists of the following number of pages:
3. Each plaintiff named above is a competent adult
   a. ☐ **except** plaintiff (name):
      (1) ☐ a corporation qualified to do business in California
      (2) ☐ an unincorporated entity (describe):
      (3) ☐ a public entity (describe):
      (4) ☐ a minor ☐ an adult
         (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
         (b) ☐ other (specify):
      (5) ☐ other (specify):

   b. ☐ **except** plaintiff (name):
      (1) ☐ a corporation qualified to do business in California
      (2) ☐ an unincorporated entity (describe):
      (3) ☐ a public entity (describe):
      (4) ☐ a minor ☐ an adult
         (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
         (b) ☐ other (specify):
      (5) ☐ other (specify):

☐ Information about additional plaintiffs who are not competent adults is shown in Attachment 3.

Form Approved for Optional Use
Judicial Council of California
PLD-PI-001 [Rev. January 1, 2007]
Martin Dean's ESSENTIAL FORMS™

COMPLAINT-Personal Injury, Property Damage, Wrongful Death

Code of Civil Procedure, § 425.12
www.courtinfo.ca.gov

CARRION, ESMERALDA

SHORT TITLE: [redacted] | CASE NUMBER:

4. ☐ Plaintiff *(name)*:
is doing business under the fictitious name *(specify)*:

and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person
   a. ☒ **except** defendant *(name)*:
   DOES 1-5
   (1) ☐ a business organization, form unknown
   (2) ☐ a corporation
   (3) ☐ an unincorporated entity *(describe)*:
   (4) ☐ a public entity *(describe)*:
   (5) ☐ other *(specify)*:

   b. ☐ **except** defendant *(name)*:
   (1) ☐ a business organization, form unknown
   (2) ☐ a corporation
   (3) ☐ an unincorporated entity *(describe)*:
   (4) ☐ a public entity *(describe)*:
   (5) ☐ other *(specify)*:

   c. ☐ **except** defendant *(name)*:
   (1) ☐ a business organization, form unknown
   (2) ☐ a corporation
   (3) ☐ an unincorporated entity *(describe)*:
   (4) ☐ a public entity *(describe)*:
   (5) ☐ other *(specify)*:

   d. ☐ **except** defendant *(name)*:
   (1) ☐ a business organization, form unknown
   (2) ☐ a corporation
   (3) ☐ an unincorporated entity *(describe)*:
   (4) ☐ a public entity *(describe)*:
   (5) ☐ other *(specify)*:

☐ Information about additional defendants who are not natural persons is contained in Attachment 5.

6. The true names of defendants sued as Does are unknown to plaintiff.
   a. ☒ Doe defendants *(specify Doe numbers)*: 1 - 10 were the agents or employees of other named defendants and acted within the scope of that agency or employment.
   b. ☒ Doe defendants *(specify Doe numbers)*: 1 - 10 are persons whose capacities are unknown to plaintiff.

7. ☐ Defendants who are joined under Code of Civil Procedure section 382 are *(names)*:

8. This court is the proper court because
   a. ☐ at least one defendant now resides in its jurisdictional area.
   b. ☐ the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
   c. ☒ injury to person or damage to personal property occurred in its jurisdictional area.
   d. ☐ other *(specify)*:

9. ☐ Plaintiff is required to comply with a claims statute, **and**
   a. ☐ has complied with applicable claims statutes, **or**
   b. ☐ is excused from complying because *(specify)*:

SHORT TITLE: [redacted]	CASE NUMBER:

10. The following causes of action are attached and the statements above apply to each *(each complaint must have one or more causes of action attached)*:
    a. [X] Motor Vehicle
    b. [X] General Negligence
    c. [ ] Intentional Tort
    d. [ ] Products Liability
    e. [ ] Premises Liability
    f. [ ] Other *(specify)* :

11. Plaintiff has suffered
    a. [X] wage loss
    b. [ ] loss of use of property
    c. [X] hospital and medical expenses
    d. [X] general damage
    e. [ ] property damage
    f. [X] loss of earning capacity
    g. [X] other damage *(specify)* :
    Emotional distress.

12. [ ] The damages claimed for wrongful death and the relationships of plaintiff to the deceased are
    a. [ ] listed in Attachment 12.
    b. [ ] as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. **Plaintiff prays** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for
    a. (1) [X] compensatory damages
    (2) [ ] punitive damages
    The amount of damages is *(in cases for personal injury or wrongful death, you must check (1))*:
    (1) [X] according to proof
    (2) [ ] in the amount of: $

15. [X] The paragraphs of this complaint alleged on information and belief are as follows *(specify paragraph numbers)*:
    GN-2; GN-3; and GN-4

Date: July 18, 2011

MICHAEL J. MANDEL
(TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY)

CARRION, ESMERALDA

SHORT TITLE: [redacted]

CASE NUMBER:

FIRST (number) **CAUSE OF ACTION- Motor Vehicle**

ATTACHMENT TO ☒ Complaint ☐ Cross-Complaint
(Use a separate cause of action form for each cause of action.)

Plaintiff *(name)*: [redacted]

MV-1. Plaintiff alleges the acts of defendants were negligent; the acts were the legal (proximate) cause of injuries and damages to plaintiff; the acts occurred
on *(date)*: January 6, 2010
at *(place)*: US 101 southbound, 100' N. of the 23rd St. overpass, San Francisco, CA.

MV-2. DEFENDANTS
a. ☒ The defendants who operated a motor vehicle are *(names)*:
[redacted]

☐ Does _____ to _____
b. ☒ The defendants who employed the persons who operated a motor vehicle in the course of their employment are *(names)*:

☒ Does 1 to 10
c. ☒ The defendants who owned the motor vehicle which was operated with their permission are *(names)*:
[redacted]

☒ Does 1 to 5
d. ☒ The defendants who entrusted the motor vehicle are *(names)*:

☒ Does 1 to 10
e. ☒ The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were *(names)*:
[redacted]

☒ Does 1 to 10
f. ☐ The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are
☐ listed in Attachment MV-2f ☐ as follows:

☐ Does _____ to _____

Form Approved for Optional Use
Judicial Council of California
PLD-PI-001(1) [Rev. January 1, 2007]
Martin Dean's ESSENTIAL FORMS™

Code of Civil Procedure § 425.1
www.courtinfo.ca.gov

CARRION, ESMERALDA