

NO. 74437-2-I

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON  
DIVISION ONE

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STATE OF WASHINGTON,

Respondent,

v.

JACOB GREGAN,

Appellant.

FILED  
May 18, 2016  
Court of Appeals  
Division I  
State of Washington

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ON APPEAL FROM THE SUPERIOR COURT OF THE  
STATE OF WASHINGTON FOR KING COUNTY

The Honorable Julie Garcia, Judge

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BRIEF OF APPELLANT

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CHRISTOPHER H. GIBSON  
Attorney for Appellant

NIELSEN, BROMAN & KOCH, PLLC  
1908 E Madison Street  
Seattle, WA 98122  
(206) 623-2373

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A. ASSIGNMENT OF ERROR

The trial court erred in imposing restitution. CP 39-40.

Issue Pertaining to Assignment of Error

Did the trial court err by imposing restitution for losses the State failed to prove were causally connected to appellant's offense?

B. STATEMENT OF THE CASE

On June 19, 2015, appellant Jacob Gregan pleaded guilty to two counts of fourth degree assault, both committed on February 13, 2013. One was committed against his former girlfriend, Breann Walker, and the other against Seattle Police Officer Christopher Shier, who had responded to the 911 call prompted by Gregan's assault of Walker. CP 9-22. Gregan agreed to pay restitution as part of the plea agreement, and was ordered to do so as part of his judgment and sentence. CP 22-25.

A contested restitution hearing was held December 15, 2015. RP 28-35. In support of its request for restitution in the amount of \$2,235.16, the prosecution submitted a "City of Seattle - Worker's Compensation" report setting forth payments to Shier for five days he missed work between February 17-22, 2013, totaling \$1037.82, and payments made to

various medical entities for medical services for Shier for the dates of February 13-14, 17, 20 and March 2, 2013, totaling \$1197.34. CP 27-36.<sup>1</sup>

Shier's counsel noted the only injury suffered by Shier that the defense was aware was a bump on his head that was treated with an ice pack at the scene before Shier went to Harborview Medical Center. RP 29-30. Counsel noted a "RIO" (presumably a "Release of Information" form), was filed out by Shier in February 2015, but the defense never received any further information about his injuries. RP 30. Counsel argued that without information showing Shier missed five days of work because of Gregan's assault, noting Shier did not start missing work until four days after the incident with Gregan, or that the medical treatment provided Shier was associated with injuries caused by Gregan, Gregan should not have to pay the requested amount because the prosecution failed to link all the amounts to Gregan's offense. RP 30-34.

The prosecutor admitted she was only assigned the case about a week prior to the hearing, and that she had not been able to get any further information about the reported expenses for which the State sought restitution, despite attempts to contact Shier for clarification. RP 31. The prosecutor argued, however, that it was not unreasonable to think Shier

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<sup>1</sup> A copy of the "Restitution Documentation" is attached as an appendix.

may have missed five days of work if Gregan gave him a concussion. RP 31-32.

The trial court apparently agreed with the prosecutor:

THE COURT: Well , it appears that . . . some of the documentation I have is from the Workman's Compensation file. And I know they're -- they're pretty thorough when they determine what is and is not covered.

The documents that I -- or the printout that I have indicates that these billings are for a fairly tight time period between the day of incident and March. I think that there is a sufficient nexus between the requested restitution and the -- the documentation that's provided. Especially since the City of Seattle Workman's Compensation organization did pay out this -- this money. And I think that that's an appropriate amount for restitution since there is clearly a connection between the injury and the amount requested.

RP 33.

The court ordered \$2,235.16 in restitution, the full amount requested by the State. CP 39-40; RP 33. Gregan appeals. CP 43-44.

C. ARGUMENTS

1. THE TRIAL COURT ERRED BY ORDERING GREGAN TO PAY \$2,235.16 IN RESTITUTION.

In pleading guilty, Gregan agreed to pay restitution, in an amount to be determined later. CP 22. As a result, the State bore the burden of presenting substantial credible evidence that established a causal connection between the claimed loss and Gregan's misconduct. The State

failed to meet its burden. This Court should therefore vacate the restitution order.

A person may not be deprived of property without due process of law. U.S. Const. amend. XIV; Const. art. I, § 3. Defendants have a due process right to have restitution determined based on reliable evidence. State v. Kisor, 68 Wn. App. 610, 619-20, 844 P.2d 1038 (1993). In determining restitution, the court can rely on no more facts than are admitted in the plea agreement or proved at the time of the hearing. State v. Dedonado, 99 Wn. App. 251, 256, 991 P.2d 1216 (2000).

"Restitution is an integral part of sentencing, and it is the State's obligation to establish the amount of restitution." Dedonado, 99 Wn. App. at 257. A restitution order must be based on "easily ascertainable damages." RCW 9.94A.753(3).<sup>2</sup> While the claimed loss need not be established with specific accuracy, it must be supported by substantial

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<sup>2</sup> RCW 9.94A.753(3) provides:

Restitution ordered by a court pursuant to a criminal conviction shall be based on easily ascertainable damages for injury to or loss of property, actual expenses incurred for treatment for injury to persons, and lost wages resulting from injury. Restitution shall not include reimbursement for damages for mental anguish, pain and suffering, or other intangible losses, but may include the costs of counseling reasonably related to the offense. The amount of restitution shall not exceed double the amount of the offender's gain or the victim's loss from the commission of the crime.

credible evidence. State v. Griffith, 164 Wn.2d 960, 965, 195 P.3d 506 (2008). This Court should reverse an unsupported restitution order. State v. Mark, 36 Wn. App. 428, 434, 675 P.2d 1250, 1253 (1984).

If the defendant disputes facts relevant to determining restitution, the State must prove the damages by a preponderance of the evidence. State v. Kinneman, 155 Wn.2d 272, 285, 119 P.3d 350 (2005); State v. Hunsicker, 129 Wn.2d 554, 559, 919 P.2d 79 (1996). This Court reviews a restitution order for an abuse of discretion, which occurs upon application of an incorrect legal analysis or other error of law. State v. Tobin, 161 Wn.2d 517, 523, 166 P.3d 1167 (2007).

Restitution is proper only when a causal connection exists between the crime and the injuries for which compensation is sought. Dedonado, 99 Wn. App. at 256. Restitution is limited to victims who have been injured “as a direct result of the crime charged.” State v. Davison, 116 Wn.2d 917, 809 P.2d 1374 (1991). Causation is evaluated using a “but-for” test. Tobin, 162 Wn.2d at 524. Restitution is permitted only if, but for the crime, the victim would not have suffered the loss described. Id. at 524-25.

The mere existence of a list of expenses is insufficient to establish the necessary causal connection. State v. Dennis, 101 Wn. App. 223, 227, 6 P.3d 1173 (2000). Dennis is instructive on this point. The defendant

was convicted of assaulting three police officers. Id. The medical bills did not indicate why the officers received treatment. Id. at 228. The certification of probable cause stated only that the officers were treated for their injuries. Id. For one officer, the only other evidence showed that on an unknown date, the officer was treated and incurred \$180.90 in expenses. Id. No evidence tied these expenses to the assaults. The court accepted the State's concession the evidence failed to establish a causal nexus and vacated the restitution order. Id.

Similarly, in State v. Bunner, 86 Wn. App. 158, 936 P.2d 419 (1997), the sole evidence presented at the restitution hearing was a medical recovery report listing amounts paid for medical services. Although the report did not indicate why the services were provided, the sentencing court determined the evidence was sufficient. 86 Wn. App. at 159-60. On appeal, this Court held the report failed to establish a causal connection between the losses and the crime. Id. at 160; see also Dedonado, 99 Wn. App. at 255, 257 (expenses for "fill all fluids" and "align front suspension" not sufficiently connected to ignition switch damage during theft).

The evidence in Gregan's case is similarly insufficient to establish a link between Shier's medical and missed work expenses and Gregan's fourth degree assault. For example, the State failed to show why a bump

to Shier's head on February 13, 2013, required him to miss five days of work between February 17-22, 2013. Nothing explains the four-day gap between the assault and the beginning of the missed work period.

Similarly, the State failed to establish that the medical expenses incurred are all related to Shier's encounter with Gregan. To the contrary, the evidence the State did submit appears to indicate two separate incidents. For example, three City of Seattle Personnel Department "Health Insurance Claim Forms" were submitted by the State in support of its restitution request. Appendix at 7-9. One is for medical services provided by Harborview Medical Center to Shier on February 13, 2013, which indicates he was being treated for an employment related condition that was neither an auto accident nor an "other accident." Appendix at 8. The other two, however, are for medical services provided by Occupational Health Services to Shier on February 17 and March 2, 2013, and both indicate they were for an employment related condition that was not an auto accident, but *was* the result of an "Other Accident." Appendix at 7, 9.

That Shier did not begin to miss work until five days *after* he was assaulted by Gregan, coupled with the difference in how the conditions are documented in terms of being accidents or not, the evidence presented is

more indicative of two unrelated medical issue than one ongoing condition.

Gregan did not dispute he could be held liable for losses incurred by Shier as a result of his offense. CP 22. But the State failed to establish what those cost were. The State's list of expenses, without an explanation of what they were for, preclude a finding they were linked to losses from Gregan's assault.

The State failed to present “substantial credible evidence” in support of the restitution amount ordered. Griffith, 164 Wn.2d at 965. This Court should therefore remand for vacation of the restitution order.

2. APPEAL COSTS SHOULD NOT BE IMPOSED.

The trial court found Gregan "lacks sufficient funds necessary to prosecute an appeal" and therefore she was entitled to appointment of appellate counsel and production of an appellate record at public expense. CP 41-42. If Gregan does not prevail on appeal, he asks that no costs of appeal be authorized under title 14 RAP. RCW 10.73.160(1) states the “court of appeals . . . may require an adult . . . to pay appellate costs.” (Emphasis added.) “[T]he word ‘may’ has a permissive or discretionary meaning.” Staats v. Brown, 139 Wn.2d 757, 789, 991 P.2d 615 (2000). Thus, this Court has ample discretion to deny the State’s request for costs.

Trial courts must make individualized findings of current and future ability to pay before they impose legal financial obligations (LFOs). State v. Blazina, 182 Wn.2d 827, 834, 344 P.3d 680 (2015). Only by conducting such a “case-by-case analysis” may courts “arrive at an LFO order appropriate to the individual defendant’s circumstances.” Id. Accordingly, Gregan's ability to pay must be determined before discretionary costs are imposed. The trial court made no such finding here.

Without a basis to determine Gregan has a present or future ability to pay, this Court should not assess appellate costs against him in the event he does not substantially prevail on appeal.

D. CONCLUSION

This Court should vacate the restitution order.

DATED this 18<sup>th</sup> day of May 2016.

Respectfully submitted,

NIELSEN, BROMAN & KOCH

  
CHRISTOPHER H. GIBSON

WSBA No. 25097

Office ID No. 91051

Attorneys for Appellant



FILED  
15 NOV 04 PM 3:00

KING COUNTY  
SUPERIOR COURT CLERK  
E-FILED  
CASE NUMBER: 15-1-01546-6 KNT

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SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON,

Plaintiff,

vs.

*Jacob Grogan*

Defendant.

No. *15-1-01546-6* KNT

RESTITUTION DOCUMENTATION

Presented by:

*Christie Cano*  
Christie Cano  
Restitution Investigator

*2*

DANIEL T. SATTERBERG  
Prosecuting Attorney



King County

Office of the Prosecuting Attorney  
VICTIM ASSISTANCE UNIT  
Norm Maleng Regional Justice Center  
401 Fourth Avenue North  
Kent, WA 98032-4429  
(206) 477-3757 FAX (206) 205-7475  
Hours: 8:30 AM to 4:30 PM

October 21, 2015

MEMORANDUM

TO: Michelle M Scudder  
705 2nd Avenue Suite 1111  
Seattle, WA 98104  
Attorney for Defendant

FROM: Christie J.M. Cano  
Victim Assistance Unit

SUBJECT: STATE V. JACOB D GREGAN  
Cause # 15-1-01546-6 KNT

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A restitution hearing date has not been set for the defendant listed above. I would like to avoid setting one if at all possible.

Attached you will find an Order Setting Restitution and supporting documentation for expenses incurred as a result of the above case.

Please review, sign, and return the Order Setting Restitution to me by November 9, 2015. If I do not hear from you by that date, I will automatically set a restitution hearing.

Should you have any questions, please contact me at (206) 477-1184.

Thank you.

Christie J.M. Cano, Restitution Investigator

cc: Judge Julia Garratt

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IN THE SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON,	)	
	)	
	)	Plaintiff,
	)	No. 15-1-01546-6 KNT
vs.	)	ORDER SETTING RESTITUTION
	)	
JACOB D GREGAN,	)	
	)	
	)	Defendant,

The court ordered payment of restitution as a condition of sentencing. The Court has determined that the following is entitled to restitution in the following amounts.

IT IS ORDERED that defendant make payments through the registry of the clerk of the court as follows:

City of Seattle	Amount: \$2,235.16
PO Box 34028	
Seattle, WA 98124	
Claim # 1500144	

DONE IN OPEN COURT this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
JUDGE JULIA GARRATT

1 Presented by:

Copy received; Notice  
Presentation waived:

2

3

\_\_\_\_\_  
Prosecuting Attorney

\_\_\_\_\_  
Michelle M Scudder  
Attorney for Defendant

4

5

Order Setting Restitution  
CCN# 1928874 REF# 033514061.

cjmc 061915

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**Cano, Christie**

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**From:** Beck, Taren <Taren.Beck@seattle.gov>  
**Sent:** Thursday, October 15, 2015 12:18 PM  
**To:** Cano, Christie  
**Subject:** cause #15-1-01546-6 injured employee Christopher Shier #1500144 dol 2/13/15  
**Attachments:** shier.pdf

Please find the workers' compensation benefits paid under the workers' compensation claim filed for injuries sustained on 2/13/15.

Taren



Taren Beck, Workers' Compensation Claims Analyst  
City of Seattle | Seattle Department of Human Resources  
700 Fifth Avenue, Suite 5400 | P.O. Box 34028  
Seattle, WA 98124-4028  
Phone: 206-684-7856  
Fax: 206-470-6781  
[taren.beck@seattle.gov](mailto:taren.beck@seattle.gov)

ATS Payment Report

10/15/2015

10:53 AM

City of Seattle - Worker's Compensation  
 ATS/Comp - Payment History Query  
 1500144 CHRISTOPHER SHIER 2/13/2015  
 Includes Transactions From 02/13/2015 Thru 10/15/2015

\*Indemnity \*Medical \*ORD

Time loss

Form	Date	Amount	Cat	Code	Paid Days	From Date	Thru Date	Adj	Payee
00017271	02/24/2015	92.88	3	T1	2/17	2/22		ATS	Shier, Christopher T
00017272	02/24/2015	944.94	1	T2	"	"		ATS	Shier, Christopher T
4002474731	03/17/2015	100.76	2	M1		02/13/2015	02/13/2015	MW	ASSOCIATION OF UNIVERSITY PHYSICIANS UNIVERSITY OF WASHINGTO
4002475050	03/17/2015	228.69	2	M1		02/17/2015	02/17/2015	MW	PUBLIC HOSPITAL DIST #1 OF KC - VALLEY VALLEY OCCUPATIONAL H
4002474734	03/17/2015	600.83	2	M4	0	02/13/2015	02/14/2015	MW	HARBORVIEW MEDICAL CENTER
4002476249	03/19/2015	155.41	2	M1		02/20/2015	02/20/2015	AP	PUBLIC HOSPITAL DIST #1 OF KC - VALLEY VALLEY OCCUPATIONAL H
4002479108	03/26/2015	111.65	2	M1		03/02/2015	03/02/2015	MW	PUBLIC HOSPITAL DIST #1 OF KC - VALLEY VALLEY OCCUPATIONAL H
		2235.16			0				

Time loss paid for certified time missed 2/17/15 - 2/22/15 = \$1,037.82 (approx 80% of usual pay)

RECEIVED

CITY OF SEATTLE PERSONNEL DEP  
PO BOX 34028

MAR 06 2015

SEATTLE, WA 98124

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE, 1988

City of Seattle

WORKERS' COMPENSATION  
Page 1 of 2

PAID TO PAY  
MAR 13 2015

1. INSURANCE <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Other <input checked="" type="checkbox"/> (NFI)	2. INSURED'S I.D. NUMBER 369949033
3. PATIENT'S NAME (Last Name, First Name, Middle Initial) SHIER, CHRISTOPHER	4. INSURED'S NAME (Last Name, First Name, Middle Initial) SHIER, CHRISTOPHER
5. PATIENT'S BIRTH DATE 10 12 1971 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	6. INSURED'S ADDRESS (No. Street) 5301 TALBOT RD S
7. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	8. RESERVED FOR NUCC USE
9. PATIENT'S ADDRESS (No. Street) 5301 TALBOT RD S	10. INSURED'S ADDRESS (No. Street) 5301 TALBOT RD S
11. CITY RENTON WA	12. CITY RENTON WA
13. STATE WA	14. STATE WA
15. ZIP CODE 98055	16. ZIP CODE 98055
17. TELEPHONE (Include Area Code)	18. TELEPHONE (Include Area Code)
19. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	20. INSURED'S POLICY GROUP OR FECA NUMBER SH06268
21. INSURED'S POLICY OR GROUP NUMBER	22. INSURED'S DATE OF BIRTH 10 12 1971 M <input checked="" type="checkbox"/> F <input type="checkbox"/>
23. OTHER CLAIM ID (Designated by NUCC) Y4 SH06268	24. INSURANCE PLAN NAME OR PROGRAM NAME CITY OF SEATTLE PERSONNEL DEP
25. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (Allowing payment of medical benefits to the undersigned physician or supplier for services furnished below)
27. SIGNED SIGNATURE ON FILE	28. SIGNED SIGNATURE ON FILE
29. DATE OF CURRENT ILLNESS, INJURY or PREGNANCY (MM/DD/YY) 02 13 2015	30. OTHER DATE (MM/DD/YY) 02 13 2015
31. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN GOMEZ VAN ALLMAN, ALMA E.	32. HOSPITALIZATION DATES (RELATED TO CURRENT SERVICES) FROM TO
33. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	34. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
35. NUMBER OF NATURE OF ILLNESS OR INJURY (Refer to ICD-9-CM) 8500	36. RESUBMISSION CODE 1
37. ORIGINAL REF. NO.	38. PRIOR AUTHORIZATION NUMBER
39. DATE OF SERVICE (MM/DD/YY)	40. PROCEDURE, SERVICES, OR SUPPLIES (Specify Unusual Circumstances)
41. DIAGNOSIS POSITIVE	42. CHARGES
43. RENDERING PROVIDER ID #	44. TOTAL CHARGE
45. AMOUNT PAID	46. BILLING PROVIDER INFO & TITLE
47. PROVIDER IDENTIFICATION	48. BILLING PROVIDER INFO & TITLE
49. PATIENT'S ACCOUNT NO R100726510	50. WORKER'S FACILITY LOCATION INFORMATION OCCUPATIONAL HEALTH SVC RENTON 3600 LIND AVE SW RENTON WA 980574934
51. WORKER'S EMPLOYER INFO GOMEZ VAN ALLMA PAC 02 23 2015	52. BILLING PROVIDER INFO & TITLE VALLEY MEDICAL CENTER 400 S 43RD S RENTON WA 980555714
53. WORKER'S EMPLOYER INFO 1487722880	54. BILLING PROVIDER INFO & TITLE 1487722880

RB



LBL-63609-22 552242.1-21-26  
CITY OF SEATTLE  
CITY OF SEATTLE - WC  
PO BOX 34028

*PAY*

HEALTH INSURANCE CLAIM FORM  
ATTENTION: CLAIMS DEPARTMENT

SEATTLE, WA 98124

SH06268

SHIER, CHRISTOPHER T

10 12 1971 X

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810 VIRGINIA ST

810 VIRGINIA ST

SEATTLE WA

SEATTLE WA

98101

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98101

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MAR 13 2015

NONE

CHRISTOPHER SHIER Cln#: SH06268  
Amount: 100.76 Date Paid: 3/17/2015  
Check#: 4002474731 MW M1  
Claim No: 1500144 Close Date:  
Payee: ASSOCIATION OF UNIVERSITY  
PHYSICIANS UNIVERSITY OF WASHINGTO

CITY OF SEATT-CITY OF SEATTL

SIGNATURE ON FILE

02 26 2015

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NATHAN J WHITE MD

HARBORVIEW MEDICAL CENTER  
325 9TH AVE  
SEATTLE, WA 98104-2420  
1053359729

206 543-8606  
UNIV OF WASHINGTON PHYSICIANS  
PO BOX 50095  
SEATTLE, WA 98145-5095  
1023041159

02 26 2015

*DM*

*P.R*



CITY OF SEATTLE PERSONNEL DEP  
PO BOX 34028  
SEATTLE, WA 98124

HEALTH INSURANCE CLAIM FORM

ATTACHED BY NATIONAL EMPLOYER CLAIM COMMITTEE (NECCC)

PAGE

Page 001 of 001

MAR 24 2015

PCA 1 1

1. INSURANCE TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other		2. PATIENT'S BASIC CLAIM INFO (For Health Insurance)		3. PATIENT'S BIRTH DATE MM DD YY 10 12 1971		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No. & Street)		6. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		7. INSURED'S ADDRESS (No. & Street)		8. INSURED'S POLICY GROUP OR FECA NUMBER	
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13. AUTHORIZED SIGNATURE OR PHYSICIAN NAME		14. CLAIM CODES (Designated by NUCC)		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		16. DAYS PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. DATE OF CURRENT ILLNESS, INJURY, OR PREVIOUS EVENT MM DD YY 02 13 2015		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		19. PRIOR AUTHORIZATION NUMBER		20. OUTSIDE REF. OR REFUSAL/REMISSION ORIGINAL REF. NO.	
21. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN GOMEZ VAN ALLMAN, ALMA E.		22. ADDITIONAL CLAIM INFORMATION (If available by NUCC)		23. WORKERS COMPENSATION UNIT		24. BILLING PROVIDER INFO & PH#	
25. DATE OF SERVICE		26. PROVIDER, SERVICES, OR SUPPLIER		27. TOTAL CHARGE		28. AMOUNT PAID	
29. SERVICE FACILITY LOCATION INFORMATION		30. BILLING PROVIDER INFO & PH#		31. TOTAL CHARGE		32. AMOUNT PAID	

RECEIVED  
MAR 16 2015  
City of Seattle

WORKERS COMPENSATION UNIT

NOT  
1113

BR

1 HARBORVIEW MED CTR 325 9TH AVENUE SEATTLE WA 981042499 2065981950										2 PO BOX 34001 SEATTLE WA 981241001										51 PAT. CNTL # 2214733400 52 MED. REC. # H3647863 53 FED. TAX NO. 911631806					54 STATEMENT COVERS PERIOD FROM 021315 THROUGH 021415 55 XXX																																																																																																																																																																																								
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10 BIRTH DATE 10121971										11 SEX M										12 DATE										13 HR 1										14 TYPE 1										15 SRC 1										16 CHR 01										17 STAT										18										19										20										21										22										23										24										25										26										27										28										29										30									
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42 REV. CD										43 DESCRIPTION										44 HCPCS/RZE/RP/PCS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON COVERED CHARGE										49																																																																																																																																											
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50 PAYER NAME CITY OF SEATTLE - WC										51 HEALTH PLAN ID										52 REL. NTC Y										53 ASSG. BEN. Y										54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56 NPI 1053359729										57 OTHER										58 PRV ID																																																																																																																																	
59 INSURED'S NAME SHIER, CHRISTOPHER TAD										59 FREQ. 18										60 INSURED'S UNIQUE ID SH06268										61 GROUP NAME CITY OF SEATTLE										62 INSURANCE GROUP NO.																																																																																																																																																																									
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IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON  
DIVISION ONE

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STATE OF WASHINGTON	)	
	)	
Respondent,	)	
	)	
v.	)	COA NO. 74437-2-I
	)	
JACOB GREGAN,	)	
	)	
Appellant.	)	

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DECLARATION OF SERVICE

I, PATRICK MAYOVSKY, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING IS TRUE AND CORRECT:

THAT ON THE 18<sup>TH</sup> DAY OF MAY 2016, I CAUSED A TRUE AND CORRECT COPY OF THE BRIEF OF APPELLANT TO BE SERVED ON THE PARTY / PARTIES DESIGNATED BELOW BY EMAIL AND/OR DEPOSITING SAID DOCUMENT IN THE UNITED STATES MAIL.

[X] JACOB GREGAN  
308 4<sup>TH</sup> AVENUE S. #206  
SEATTLE, WA 98104

SIGNED IN SEATTLE WASHINGTON, THIS 18<sup>TH</sup> DAY OF MAY 2016.

X Patrick Mayovsky