



April 11, 1973

Insurance Co. of North America
167 W. Jackson Blvd.
Chicago, Illinois 60604

Attn: Mr. R. L. Tearney

Dear Mr. Tearney:

The attached related to the Larry Thomas case was received by us on April 11. This case was handled by you as file number 911C828371.

Please let me know if I may provide anything further and what action, if any, should be taken by us regarding this claim.

Yours very truly,

R. K. Falter
Plant Manager

RKF:ak

IF YOU CARRY INSURANCE COVERING THE ACCIDENT,
PLEASE TURN THESE PAPERS TO YOUR INSURANCE COMPANY AT ONCE.

INDUSTRIAL COMMISSION OF ILLINOIS
160 North La Salle Street
Chicago, Illinois 60601

MEMORANDUM OF NAMES AND ADDRESSES
FOR SERVICE OR NOTICES

Petitioner,

vs.

Respondent.

NO. 73WC 1088

The undersigned requests that all notices of proceedings in the above entitled matter be served personally or by mail upon the party whose name and address follows this memorandum.

Name	Address	City	Zip Code
(Petitioner)			
(Respondent)			
(Carrier - Agent)			

ATTORNEY'S APPEARANCE

I hereby enter my appearance on behalf of _____
(Petitioner) (Respondent)
without waiving my right to contest the jurisdiction.

Name	Address	City	Zip Code
Attorney's Name			
Address			
City		Zip Code	
Phone			
Attorney for (Petitioner) (Respondent)			

ATTORNEY'S AFFIDAVIT IN COMPLIANCE WITH RULE NO. 213

I hereby certify that I have not directly or indirectly solicited employment by the above named party, and know of no solicitation of said party by any person that has resulted in the employment of myself or any member of my firm.

Affidavit

Subscribed and sworn to before me this _____ day of _____

Notary Public

TO EMPLOYER: IF YOU CARRY INSURANCE COVERING THIS ACCIDENT FORWARD ALL THESE PAPERS TO YOUR INSURANCE COMPANY AT ONCE.

Form 77

NOTICE OF FILING CLAIM

LARRY THOMAS

Petitioner,

(vs.)

MCGREGOR LEAD CO.,

Respondent.

BEFORE THE INDUSTRIAL COMMISSION
OF ILLINOIS
160 N. La Salle St.
Chicago, IL 60601

No. 73WC 1088

To RES. MCGREGOR LEAD CO. 4500 W. 15TH ST. CHICAGO, IL. 60623

YOU ARE HEREBY NOTIFIED that application for adjustment of claim in the above entitled matter was filed with said Commission on the 11TH day of JANUARY, 1973; that paragraph (a) of Section 19 of the Workmen's Compensation Act or Workmen's Occupational Diseases Act (as amended) provides that "If the compensation claimed is for a partial permanent or total permanent incapacity or for death," you may elect to have said matter determined by a Committee of Arbitration by filing with said Commission your "election in writing within five days" of the receipt of this notice and by depositing with said Commission with said election the sum of twenty dollars to be paid by said Commission to the arbitrators selected by the parties hereto as compensation for their services as such arbitrators. And that, in case you do not make such election or fail to deposit the sum of twenty dollars with such election; or, in case the compensation claimed is not for "partial permanent or total permanent incapacity or for death," an arbitrator designated by said Commission shall determine said matter.

Form 33 (Memorandum of Names and Addresses for Service of Notices) is also enclosed herewith, and should be filled out and filed with said Commission in said matter at once.

Dated this 9TH day of APRIL, 1973.

INDUSTRIAL COMMISSION OF ILLINOIS,

By *Jayne E. Price*
Secretary.

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing in the above entitled matter will be held on the 11TH day of MAY, 1973, at 9:30 o'clock A.M. at 160 N. LaSalle St. in the City of CHICAGO Illinois, before the Arbitrator designated by the Industrial Commission of Illinois.

Dated this 9TH day of APRIL, 1973.

LS

CTWI 3-001650
N14498.02

JUN 12 3 20 PM '73

STATE OF ILLINOIS
 RICHARD B. OGILVIE, Governor
 INDUSTRIAL COMMISSION
 160 N. LA SALLE ST., CHICAGO, ILLINOIS 60601

APPLICATION FOR ADJUSTMENT OF CLAIM

NOTICE OF DISPUTED CLAIM AND
 MEMORANDUM OF NAMES AND ADDRESSES

CONFIDENTIAL
 INFORMATION
 REDACTED

(This form to be filed in triplicate)

LARRY THOMAS,

PETITIONER,

No. 73WC 1088

vs.
MCGREGOR LEAD CO.,

RESPONDENT.

The petition of the undersigned respectfully shows to this Honorable Commission the following, to-wit:

1. That on the 8 day of May, 1972,

LARRY THOMAS

was injured by reason of an accident arising out of and in
 the course of his employment by the above named MCGREGOR LEAD CO.
 that your petitioner is the person injured. (Name of Employer)

2. That a dispute has arisen with respect to the compensation to be paid for the disability resulting
 from such injury, and the general nature of the dispute is:

(a) The employer denies liability for the compensation provided for in the Workmen's Compensation Act.

(b) A dispute exists concerning the amount and duration of the compensation payable.

3. The following particulars relative to this application are herewith given:

(a) Name of injured employee: LARRY THOMAS

Address: 768 South Kenneth, Chicago. ZIP Code: 60624

(b) Name of employer: MCGREGOR LEAD CO.

Place of business and address: 4500 W. 15th, Chicago. ZIP Code:

(c) Place of accident: 4500 W. 15th, Chicago

(d) Nature of work upon which injured was engaged at time of accident and how caused:
 Injured during the course and scope of his employ.

(e) State whether medical, surgical and hospital treatment were furnished by employer and, also
 to what extent; amount expended for above purposes and period treated.

To be shown

(f) Earnings of employee during year preceding injury, if employed by the same employer; if not
 so employed, give earnings of such employees in the same class or grade.

(Over)

CYWI 5-001651

N14498.03

Additional amount claimed as compensation TO BE SHOWN

- (a) \$ account medical care and attendance.
(b) \$ per week for weeks temporary total disability.
(c) \$ for serious and permanent disfigurement to
(d) \$ per week for weeks partial disability.
(e) \$ per week for weeks loss or loss of use of
under paragraph (e) of section 8.
(f) \$ per week for complete and permanent disability, including pension provided for
under paragraph (f) of section 8.

5. (a) Date of service on employer of notice of accident Immediate
(b) If notice not served within forty-five days, did any agent of employer have knowledge of the
facts and circumstances of accident?

6. Petitioner was 21 years of age and was married at the time of the injury. Names, ages and
addresses of all children under eighteen years of age at the time of injury.

Name	Address	Age
LARRY THOMAS, JR.	SAGE	2
Name	Address	Age
Name	Address	Age
Name	Address	Age
Name	Address	Age

7. Your petitioner prays that the Industrial Commission appoint an arbitrator to make such inquiries
and investigations as he shall deem necessary, and that a day be appointed by said Industrial Commission
and the time and place thereof fixed, where said arbitrator may hear such proper evidence as the
parties hereto may submit, and that an award and decision may be made, in conformity with the statute
in such case made and provided.

The undersigned requests that all notices of proceedings in the above entitled matter be served personally,
or by registered mail upon the party whose name and address follows as attorney for the petitioner;
if no attorney's name appears, then to the name and address of the undersigned.

Dated this day of 197
RICHARD S. GORE
Attorney for Petitioner
Address 221 North LaSalle Street
City Chicago, Illinois ZIP Code 60601
Telephone 544-8380
(Signed) Larry Thomas
Address 768 South Kennebec
City Chicago, Illinois ZIP Code 60652

APPEARANCE AND AFFIRMATION OF COMPLIANCE WITH RULE 10
RICHARD S. GORE

11 He is (a member of the bar first listed in the attorney at record for
LARRY THOMAS

(There must be all parties represented by affidavit)
and has knowledge of the contents of the affidavit and has read Rule 41 of the Rules of the Illinois Industrial Commission.

22 He has not directly or indirectly solicited employment by the above-named party or parties, and has not of or substitution of said party or parties
by any person that has resulted in the employment of the officer, for the first. NO EXCEPTIONS

23 He has not paid, nor promised to pay, the medical, living or other expenses of any party, and has not of or substitution of said party or parties
by any person that has resulted in the employment of the officer, for the first. NO EXCEPTIONS

24 He has not of an attorney's fee, or any portion of recovery by award, decision or settlement herein has been paid or promised to be paid to any person
other than the above named party or parties and the attorney at record herein. NO EXCEPTIONS

Subscribed and sworn to before me

CYWI 5-001652