Form 45
A. D. WILES CO., Indianapolis
W. C. Forms for All States

STATE OF ILLINOIS

INDUSTRIAL COMMISSION
160 No. LaSalle St., Chicago 1, Ill.

EMPLOYER'S REPORT OF COMPENSABLE INJURY

(Copy should be sent immediately to Insurance Carrier)

Accident Number _____

Employers must report to the Commission on Form 45 between the 15th and 25th of EACH MONTH all compensable injuries. In case of DEATH report IMMEDIATELY.

EMPLOYER:

1. Name AMERICAN CYANAMID COMPANY
2. Doing business under the name of: SAME
3. Address, Street and No. 4500 WEST 15TH STREET City CHICAGO
4. Nature of Business: MANUFACTURER OF LEAD CHEMICALS
5. Name of compensation insurance carrier: _____

INJURED EMPLOYEE:

1. Name: LARRY THOMAS
2. Address, Street and No.: 769 South Kenneth City Chicago
3. Sex: Male
4. Marital Status Married
5. Age: 21
6. Occupation Factory worker
7. Average Weekly Earnings: [redacted]
8. No. of Children under 18 years of age: ONE

INJURY:

1. Date of injury: 5/25/72
2. Hour: 2:15 A.M.
3. How did injury happen: [redacted]
4. What was employee doing when accident occurred? Carbonating white lead. (Tending the carbonator.)
   (Describe briefly, such as loading truck, operating drill press, shoveling sand, etc.)
5. Name of machine, tool, substance, or object most closely connected with the accident: Carbonator
   (Name the machine, tool, appliance, gas, liquid, etc., involved)
6. If machine or vehicle, what part of it? _____
   (State if gears, pulley, point of operation, etc.)
7. Where: Street and No. 4500 West 15th Street City Chicago State Ill.
8. Describe injury (if specific loss, give date of loss) [redacted]
9. Length of disability (if undetermined give estimate) NONE

COMPENSATION IN NON-FATAL CASES:

1. Is compensation being paid? _____
2. To whom? _____
3. Rate of compensation: _____ Date of First Payment: _____
4. Intervals of payment: _____
5. Are medical and hospital services being furnished? _____
6. By whom? _____

CONFIDENTIAL INFORMATION REDACTED

COMPENSATION IN FATAL CASES:

1. Has compensation been paid? _____
2. To whom? _____
3. State relationship to deceased: _____
4. Rate of compensation: _____ Date of First Payment: _____
5. Intervals of payment: _____
6. Length of disability prior to death: _____
7. Have funeral and burial expenses been paid? _____
8. By whom? _____
9. Date of this report: _____
10. Signed: R K Felter R. K. FELTER
11. Position: PLANT MANAGER

CYWI 5-001653

N14499

INA INSURANCE COMPANY OF NORTH AMERICA

Policyholders Service
167 West Jackson Blvd.
Chicago, Illinois 60604

American Cyanamid Co.,
4500 W. 15th St.
Chicago, Ill.

Acknowledgment Date: 6/19/72

Disposition Date: 6/20/72

Gentlemen: Re: File No. 9110 828371
Policy No. NWC 153255
Insured American Cyanamid Co.
Plant/Div. No. 9301
Date of Event 5/25/72
Location 4500 W. 15th St.,Chicago,Ill.
Driver

This is a copy of both the acknowledgment and disposition letters for this claim file.

Claimant(s)	Type(s) of Claim	Disposition
Larry Thomas	Workmen's compensation	[redacted]

Yours very truly,

RLT:GB

R. L. TRAHNEY,JR.SUPERVISOR
Claims Service

Recovery ~~is~~ is not anticipated.

CC: Brown Crosby & Co.,
New York, N.Y.

CONFIDENTIAL INFORMATION REDACTED

PH786e-3

CYWI 5-001654
N14499.01

GOF 2827 REV. 1-60 ~~1-60~~

SUPERVISORS ACCIDENT REPORT

Refer to Safety & Loss Prevention Bulletin No. 22 for the preparation of this report

DEPARTMENT	NO. OF BLDG.	DATE OF ACCIDENT	TIME OF ACCIDENT
		5-25-72	2:15 ☒ A.M. ☐ P.M.

WHO WAS INJURED OR WHAT WAS DAMAGED: Larry Thomas

NATURE OF INJURY OR ACCIDENT: acetic acid irritating

DESCRIBE THE ACCIDENT

[redacted]

CAUSE – DESCRIBE UNSAFE ACT AND/OR UNSAFE CONDITION

CONFIDENTIAL INFORMATION REDACTED

CORRECTIVE ACTION TAKEN: Wash with cold water;

SUPERVISOR	DATE
L. Mayx	5-25-72
REVIEWED BY (DEPT. HEAD)	DATE
COMMENTS	
REVIEWED BY	DATE
COMMENTS	

CYWI 5-001655

N14499.02

Philip Falk, M.D., Director
CERTIFIED BY AMERICAN BOARD OF PREVENTIVE MEDICINE IN OCCUPATIONAL AND AVIATION MEDICINE

CLEARING INDUSTRIAL CLINIC

5548 WEST SIXTY-FIFTH STREET
CHICAGO, ILL. 60638
PHONES 767-6600 AREA CODE 312

CLINICAL LABORATORY
STATE OF ILLINOIS REGISTRY #328
FEDERAL IDENTIFICATION NO. 36-2702368

SURGEON'S REPORT

CASE NO. C [redacted]

EMPLOYER [redacted]

INJURED EMPLOYEE [redacted] PHONE

ADDRESS [redacted] CITY [redacted]

DATE OF INJURY [redacted] DATE OF 1st TREATMENT [redacted] TIME: [redacted]

AGE [redacted] M-S-W-D [redacted] MF [redacted] CHILDREN UNDER 18 [redacted]

ESTIMATED DISABILITY [redacted] TOTAL TEMPORARY DISABILITY

NATURE OF INJURY [redacted]

XRAY

CONFIDENTIAL
INFORMATION
REDACTED

TREATMENT [redacted]

PROBABLE PERMANENT INJURY [redacted]

STATEMENT OF INJURED [redacted]

PREVIOUS INJURIES APPARENT [redacted]

DATE [redacted]

This is a copy of my report of accident to your Insurance Carrier. It is necessary that you also forward a report to protect your interests and those of your employee.

CYWI 5-001656

N14499.03

INA INSURANCE COMPANY OF NORTH AMERICA

Policyholders Service
187 West Jackson Blvd.
Chicago, Illinois 60604

American Cyanamid Co.,
4500 N. 15th St.
Chicago, Ill.

Date: 6/19/72

Gentlemen:

Re:

File No.	911C 828371
Policy No.	NWC 153255
Insured	American Cyanamid Co.
Plant/Div. No.	9301
Date of Event	5/25/72
Location	4500 N. 15th St.,Chicago,Ill.
Driver	

We have received notification of this event and have assigned the file number shown. Please refer to it in any future correspondence.

Listed below are the claimants, and the type(s) of claim presented.

Claimant(s)	Type(s) of Claim
Larry Thomas	Workmen's compensation

Yours very truly,

R. L. Tearney

RLT:GB

R. L. TEARNEY,JR.SUPERVISOR

Claims Service

CC: Brown Crosby & Co.,
New York, N.Y.

PH7966-1

CYWI 5-001657

N14499.04

NA 235 REV. 11-6 TO 11-68

CYANAMID

AMERICAN CYANAMID COMPANY
REQUEST FOR PHYSICAL EXAMINATION

TO
DR. Phillip Falk

DATE May 12, 1972

Clearing Industrial Clinic

5548 West 65th Street, Chicago

PLEASE PERFORM A ☒ PRE-EMPLOYMENT ☐ PERIODIC ☐ SPECIAL PHYSICAL EXAMINATION ON: Larry Thomas TO EVALUATE PHYSICAL FITNESS.

TYPE OF WORK		AT (COMPANY LOCATION)
General Factory		MacGregor - Chicago
REQUESTED BY: C. A. Dadko	TITLE: Plant Superintendent	DIVISION & DEPT.: Organic Chemicals - Intermedia.
REQUESTOR'S ADDRESS: 4500 West 15th Street Chicago		BILL TO CODE #(IF UNKNOWN, INDICATE DIV & DEPT)

PHYSICIANS REPORT

CLASSIFICATION (ENCIRCLE ONE): 0 1 3 4

WORK RESTRICTIONS: [redacted]

[signature] M.D.
SIGNATURE

DISTRIBUTION (UPON COMPLETION)
ORIGINAL - RETURN AT ONCE TO PERSON REQUESTING EXAMINATION.
COPY - ATTACH TO SUMMARY OF PHYSICAL EXAMINATION FORM, GOF-271, AND BILL. MAIL TO:
CORPORATE MEDICAL DIRECTOR AMERICAN CYANAMID COMPANY, WAYNE, N.J. 07470

CONFIDENTIAL INFORMATION REDACTED

CYWI 5-001658
N14499.05

APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

Dept.
Foreman
Job Title
Rate
Towel
XGI
Started

Date

Print Name Thomas (Last) Larry (First) None (Initial)

Address 768 So Kenneth (St. & No.) Chicago (City) Ill (State)

Phone [redacted] Soc. Sec. No. [redacted]

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Date of Birth 1-25-51 U. S. Citizen? Yes

Height 6'5 Weight 196 Are You Physically Handicapped? No How?

Any record of convictions? None For what offense?

Have you friends or relatives in our employ? None Who?

In an emergency, whom shall we notify? Regina (Name) 768 Sokenneth (Address) [redacted] (Phone) w related? Wife

EDUCATION

Grade School Sumner Years Attended 8 Graduate? Yes Date Left 64

High School Marshall Years Attended 3 Graduate? No Date Left 67

Other Years Attended Graduate? Date Left

EXPERIENCE

EMPLOYER Illois Plating From (date) 68 to 70

Address 4500 W. Fifth City Chicago State Ill

What was your job? Punch press Salary [redacted]

Why did you leave? No Work

EMPLOYER Kenny Con, From (date) 71 to 72

Address All over City Chicago State Ill

What was your job? labor Salary [redacted]

Why did you leave? No Work

EMPLOYER From (date) to

Address City State

What was your job? Salary

Why did you leave?

CONFIDENTIAL INFORMATION REDACTED

EMPLOYER From (date) to

Address City State

What was your job? Salary

Why did you leave?

Armed Forces Serial No. None Length of Service 2

What kind of work do you do best? Painting Second Best?

READ OVER THE DATA YOU HAVE GIVEN AND MAKE CERTAIN ALL THE REQUESTED INFORMATION HAS BEEN ACCURATELY AND COMPLETELY SUPPLIED.

If additional space is needed, use reverse side.

Signature Larry Thomas

CYWI 5-001659

N14499.06