FILE NAME: Baldwin (BALD)

DATE: 1947 Oct

DOC#: BALD080

DOCUMENT DESCRIPTION: Legal - Hart vs. Lima Locomotive

IN THE COURT OF COMMON PLEAS OF ALLEN COUNTY, OHIO

Johanna T. Hart, Admx., etc.,	:	No. 36864
Plaintiff,	:	
vs.	:	BILL OF EXCEPTIONS
Lima Locomotive Works, Inc., and Clovis A. Lee,	:	Trial - Oct. 27,28, 1947
Defendants.	:	

BEFORE Hon. Chester A. Pendleton, Judge, and a jury.

APPEARANCES:- For Plaintiff - Mr. John L. Cable and Mr. H. J. Meredith.
For Defendant Lima Locomotive Works, Inc., Messrs. C. H. Cory and Paul O. Boesel.
For Defendant Lee - Mr. John H. Davison.

I N D E X

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SCHEDULE A

Self-Insurers' Statement of Outstanding Disability Claims

Claim No. Assigned by the Commission	NAME OF INJURED EMPLOYEE	Date of Accident	Status of Claim at Time of This Report (See Note)	Age of Employee at the Time of Injury	Weekly Rate of Compensation Payable	LOCATION, NATURE AND EXTENT OF INJURY	TYPE (See Note)	Date of Return to Work (If not Working, so State)	Total Compensation Paid, Showing Date to Which Such Payment Was Made	Total Medical Payments	Probable Future Duration In Weeks	Estimated Total Future Payments	The Physical Condition and Recommendation of Physical Condition on Last Examination, Giving Date of Examination
75866	[illegible]	6-27	C	26	1235	Fr. Skull	1		11-11-46				
	[illegible]	10-27	C	26	1235	Fr. Skull	1		1753.00		Life	?	
	[illegible]	6-31	C		1875	Hernia	1		11-11-46		?	?	?
	[illegible]	10-9-27	C	21	2100	Back			11-15-46				
72299	[illegible]	10-9-27	C	21	2100	Back			5482.00		150	315000	
	[illegible]	3-12-27	C	21	2100				11-15-46				
	[illegible]	12-16-27	C	21	2100				4310.00		91⅔	191100	
76968	[illegible]	4-4-27	C	21	2100		2		11-19-46				
	[illegible]	7-13-27	C	21	2100	Toes Jam	4		8232.00		82	171600	
72661	[illegible]	9-27-27	C	21	2100		4		11-11-46		42	88200	
84818	[illegible]	9-27-27	C	48	2100	Back	2		11-15-46				
93267	[illegible]	10-14-27	C	33	2100	Leg Injury			3444.00		164⅓	355640	
94216	[illegible]	11-24-27	C	62	2100	Back	2		11-15-46				
77737	[illegible]	5-19-45	C	55	2100	Back	2		2037.00		28	58800	
87779	[illegible]	6-9-45	C	16	2100	Loss 2 Fingers	4		11-19-46				
DL007	[illegible]	6-27-45	C	62	2100	Lung Trouble	1		2122.00		231⅓	487800	
1504	[illegible]	9-14-45	C	58	2100	Fr. R Leg	1		11-19-46				
01924	[illegible]	11-19-45	C	47	2450	Abr Back	1		1680.00		253⅓	532000	
2015	[illegible]	11-23-45	C	58	2450	Crushed Back	1		11-11-46				
	[illegible]	4-1-46	C	26	2100	Back	2		1365.00		—	—0—	
	[illegible]	4-16-46	C	62	2100				11-15-46		?		
4736	[illegible]	4-16-46	C	62	2100	Fr. [illegible]	4		1491.00		?		
									11-15-46		?		
									1260.00		?		
									11-18-46		?		
									1200.50				
									11-15-46		?		
									1225.00				
									—0—		300+	750000	
									11-19-46		?		
									455.00				

NOTE: STATUS OF CLAIM—
(A) Pending for initial adjudication or hearing.
(B) Pending for supplemental adjudication or hearing.
(C) Claim being currently paid and requiring future payments.
(D) Claims not receiving compensation at the present time but with claimant physically impaired and on which impairment compensation has not been awarded and paid.
(E) Claims pending for rehearing or appeal under Section 1465-90.

NOTE: TYPE—
1. T. T.—Temporary Total Disability.
2. P. T.—Permanent Total Disability.
3. T. P.—Temporary Partial Disability.

Self-Insurers' Statement of Outstanding Disability Claims

Claim No. Assigned by the Commission	NAME OF INJURED EMPLOYEE	Date of Accident	Status of Claim at Time of This Report (See Note)	Age of Employee at the Time of Injury	Weekly Rate of Compensation Payable	LOCATION, NATURE AND EXTENT OF INJURY	Type (See Note)	Date of Return to Work (If not Working so State)	Total Compensation Paid Showing Date to Which Such Payment Was Made	Total Medical Payments	Probable Future Duration in Weeks	Estimated Total Future Payments	The Physical Condition and Recommendation of Physical Condition on Last Examination Giving Date of Examination	LEAVE THIS COLUMN BLANK
07990	[illegible]	9/15/46	C	57	24.50	Loss L Arm	1		11-11-46 612.50		W/S	512.50		
06173	[illegible]	7/24/46	C	50	24.50	Fr L Leg	1		11-11-46 367.50		6	147.00		
06960	[illegible]	8/21/46	C	19	24.00	Inj to Knee	1		11-11-46 269.50		?			
07382	[illegible]	9-6-46	C	41	24.50	Inj to Shoulder	1		11-11-46 196.00		10	245.00		
07150	[illegible]	9/4/46	C	47	24.50	Inj Lumbar Region	1		11-14-46 196.00		23	571.67		
07555	[illegible]	10/3/46	C	36	24.50	Inj to Body	1		11-15-46 171.50		30	535.00		
07506	[illegible]	10/4/46	C	28	24.50	Fr 2nd Met	1		11-16-46 171.50		5	171.50		
07986	[illegible]	10/16/46	C	21	24.50	Cut on Hand	1		11-11-46 73.50		10	245.00		
07883	[illegible]	10/11/46	C	36	24.50	Abr. Back	1		11-14-46 98.00		4	98.00		
07858	[illegible]	10/14/46	C	48	24.50	Contusion Back	1		11-14-46 98.00		2	49.00		
07551	[illegible]	9/14/46	C	38	24.50	Hernia	1		11-15-46 171.50		2	49.00		

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(D) Claims not receiving compensation at the present time but with claimant physically impaired and on which impairment compensation has not been awarded and paid.
(E) Claims pending for rehearing or appeal under section 4655.50.

NOTE: TYPE—
1. T. T.—Temporary Total Disability.
2. P. T.—Permanent Total Disability.
3. T. P.—Temporary Partial Disability.
4. P. P.—Permanent Partial Disability.