

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH
P. O. Box 962, San Francisco 1

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research. Failure to file a report the Division is a misdemeanor (Labor Code, Sections 6407-6413.) Answer all questions fully.

BY A. INSURANCE CARRIER: Amica Life & Casualty

1. EMPLOYER: California Condole Company
2. Address: 4448 San Fernando Road West Los Angeles 38
3. Business: Insulation Mfg.
4. EMPLOYEE: William Locke
5. Address: 308 E. 1st St., La Graciosa Calif.
6. Occupation: Factory Operator Age 50 Sex M
7. Date injured: 3/7/65 Hour M. Date last worked: 2/11/65
8. Injured at: 4448 San Fernando Road West County Los Angeles
9. Date of your first examination: 2/11/65 Hour M. Who engaged your services? Patient
10. Name other doctors who treated employee for this injury: DR. J. Holt Robinson Internist at 4/15/65
1055 Los Feliz, L.A.
11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? Yes Employee's statement of cause of injury or illness: Patient did not know cause

12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnosis. If occupational disease state date of onset, occupational history, and exposure.) Onset - 3/7/65
Diag: Pneumonia due to inhalation of a combination of duponol and/or sodium nitrate and/or titanium and/or asbestos and/or vermiculite and/or CS
Degree of exposure: 7 years of blending acoustical materials-furnace running 2 years to 4/1/65 giving exposure to vermiculite, CS and asbestos.

13. X-rays: By whom taken: Dr. Office PA of Chest (4-2/17, 4/1, 4/15, 5/12)
Findings: Pericardial fibrosis and evidence of Pneumoconiosis

14. Treatment: Expectorants; bronchial dilators; Hateril DM
Avoidance of above irritants (item 12)

15. Kind of case (Circle one) Office If hospitalized, date Extent of injury
Name and address of hospital
16. Further treatment: Work stoppage on no further exposure to irritants
17. Estimated period of disability: 2-3 months
18. Describe any permanent disability or disfigurement expected (State if none): Still disabled as above

19. If death occurred, date
20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)
Lab: Histoplasma and coccidioidin skin tests. Sputum culture, antibiotic sensitivity. Definitive papanoic smear.
Off work from 3/11/65 to present - See above (17.)

PLAINTIFF'S
EXHIBIT
WR6-179

Name: Melvin J. Schilling Degree: M.D. (PERSONAL SIGNATURE OF DOCTOR) Melvin J. Schilling MD
Date of report: 3/11/65 Address: 1358 Peckham Blvd. La Graciosa