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

911 C. 806 765

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: American Cyanamid Company, Successor To MacGregor Lead
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: Charles Martin
2. Address, Street and No.: 1433 South Lawndale City Chicago
3. Sex: Male
4. Marital Status Married
5. Age: 39 years
6. Occupation Ball Mill Operator
7. Average Weekly Earnings: 140.00
8. No. of Children under 18 years of age: Five

INJURY:

1. Date of injury: 12/23/71
2. Hour: 10:00 p.m.
3. How did injury happen: While cleaning the plant the injured got lead in his right eye.
4. What was employee doing when accident occurred? Cleaning
   (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: _____
   (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 Illinois
8. Describe injury (if specific loss, give date of loss) Large stye on lower lid and small stye of upper lid of right eye.
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? _____

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: 6/14/72
10. Signed: _____
11. Position: Plant Manager