

STATE OF ILLINOIS

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

EMPLOYER'S REPORT OF COMPENSABLE INJURY 911C 813325

(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, Successor to MacGregor Lead Company
2. Doing business under the name of: Same
3. Address, Street and No. 4500 W. 15th Street City Chicago
4. Nature of Business: Lead Chemical Manufacturer
5. Name of compensation insurance carrier: _____

INJURED EMPLOYEE:

1. Name: Sam Tate
2. Address, Street and No.: 3503 Carroll Ave. City Chicago
3. Sex: Male
4. Marital Status: Married
5. Age: 52
6. Occupation: Packer
7. Average Weekly Earnings: 173.60
8. No. of Children under 18 years of age: _____

INJURY:

1. Date of injury: January 28, 1972
2. Hour: Morning
3. How did injury happen: While repairing Nor-Blo packer
4. What was employee doing when accident occurred? Repairing Nor-Blo packer (bagroom)
(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: Nor-Blo packer
(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 W. 15th Street, City Chicago, State Ill.
8. Describe injury (if specific loss, give date of loss) Frostbite 2nd, 7 3rd. degree on index, middle, ring, and little fingers of both hands.
9. Length of disability (if undetermined give estimate) 5 to 6 weeks

COMPENSATION IN NON-FATAL CASES:

1. Is compensation being paid? Yes
2. To whom? Sam Tate
3. Rate of compensation: 92.50/wk. Date of First Payment: _____
4. Intervals of payment: Weekly
5. Are medical and hospital services being furnished? Yes
6. By whom? Clearing Industrial Clinic

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: March 1, 1972 (dup.)

10. Signed: RK Feiter
11. Position: Plant Manager