CYANAMID

April 11, 1973

Insurance Co. of North America
167 W. Jackson Blvd.
Chicago, Illinois 60604

Attn: Mr. R. L. Tearney

Dear Mr. Tearney:

The attached related to the Larry Thomas case was received by us on April 11. This case was handled by you as file number 911C828371.

Please let me know if I may provide anything further and what action, if any, should be taken by us regarding this claim.

Yours very truly,

R. K. Falter
Plant Manager

RKF:ak

NOTICE: If you carry insurance covering the accident, forward these papers to your insurance company at once.

INDUSTRIAL COMMISSION OF ILLINOIS
160 North La Salle Street
Chicago, Illinois 60601

MEMORANDUM OF NAMES AND ADDRESSES FOR SERVICE OR NOTICES

_____ Petitioner,

vs.

_____ Respondent.

NO. 73WC 1088

The undersigned requests that all notices of proceedings in the above entitled matter be served personally or by mail upon the party whose name and address follows this memorandum.

Name	Address	City	Zip Code

(Petitioner) (Respondent)

(Carrier – Agent)

ATTORNEY'S APPEARANCE

I hereby enter my appearance on behalf of _____ (Petitioner) (Respondent) without waiving my right to contest the jurisdiction.

Name	Address	City	Zip Code

Attorney's Name _____
Address _____
City _____ Zip Code _____
Phone _____

Attorney for (Petitioner) (Respondent)

ATTORNEY'S AFFIDAVIT IN COMPLIANCE WITH RULE NO. 2-(3)

I hereby certify that I have not directly or indirectly solicited employment by the above named party, and know of no solicitation of said party by any person that has resulted in the employment of myself or any member of my firm.

Affidavit

Subscribed and sworn to before me this _____ day of _____ 19__

Notary Public

3-11-93

Form I.C.6 (42127—75M—5-72)

CYWI 5-001849
N14498.01

TO EMPLOYER: IF YOU CARRY INSURANCE COVERING THIS ACCIDENT FORWARD ALL THESE PAPERS TO YOUR INSURANCE COMPANY AT ONCE.

Form 77

NOTICE OF FILING CLAIM

BEFORE THE INDUSTRIAL COMMISSION
OF ILLINOIS
160 N. La Salle St.
Chicago, Ill. 60601

LARRY THOMAS
Petitioner,

(vs.)

No. 73WC 1088

MCGREGOR LEAD CO.,
Respondent.

To RES. MCGREGOR LEAD CO. 4500 W. 15TH ST. CHICAGO, IL. 60623

YOU ARE HEREBY NOTIFIED that application for adjustment of claim in the above entitled matter was filed with said Commission on the 12TH day of JANUARY, 197.3.; that paragraph (a) of Section 19 of the Workmen's Compensation Act or Workmen's Occupational Diseases Act (as amended) provides that "if the compensation claimed is for a partial permanent or total permanent incapacity or for death," you may elect to have said matter determined by a Committee of Arbitration by filing with said Commission your "election in writing within five days" of the receipt of this notice and by depositing with said Commission with said election the sum of twenty dollars to be paid by said Commission to the arbitrators selected by the parties hereto as compensation for their services as such arbitrators. And that, in case you do not make such election or fail to deposit the sum of twenty dollars with such election; or, in case the compensation claimed is not for "partial permanent or total permanent incapacity or for death," an arbitrator designated by said Commission shall determine said matter.

Form 33 (Memorandum of Names and Addresses for Service of Notices) is also enclosed herewith, and should be filled out and filed with said Commission in said matter at once.

Dated this 9TH day of APRIL, 197.3.

INDUSTRIAL COMMISSION OF ILLINOIS,
By Jayne E. Price
Secretary.

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing in the above entitled matter will be held on the 11TH day of MAY, 197.3., at 9:30 o'clock A.M., at 160 N. LASALLE ST. in the City of CHICAGO, Illinois, before the Arbitrator designated by the Industrial Commission of Illinois.

Dated this 9TH day of APRIL, 197.3.

LS

CYWI 5-001650
N14498.02

JAN 12 3 20 PM '73

STATE OF ILLINOIS

RICHARD B. OGILVIE, Governor

INDUSTRIAL COMMISSION

160 N. LA SALLE ST., CHICAGO, ILLINOIS 60601

APPLICATION FOR ADJUSTMENT OF CLAIM

NOTICE OF DISPUTED CLAIM AND MEMORANDUM OF NAMES AND ADDRESSES

(This form to be filed in triplicate)

CONFIDENTIAL INFORMATION REDACTED

LARRY THOMAS,
PETITIONER,

vs.

MAC GREGOR LEAD CO.,
RESPONDENT.

No. 73WC 1088

The petition of the undersigned respectfully shows to this Honorable Commission the following, to-wit:

1. That on the 8 day of May, 197 2,

LARRY THOMAS was injured by reason of an accident arising out of and in
(Name of person injured)

the course of h 1s employment by the above named MAC GREGOR LEAD CO.;
(Name of Employer)

that your petitioner is the person injured.

2. That a dispute has arisen with respect to the compensation to be paid for the disability resulting from such injury, and the general nature of the dispute is:

(a) The employer denies liability for the compensation provided for in the Workmen's Compensation Act.

(b) A dispute exists concerning the amount and duration of the compensation payable.

3. The following particulars relative to this application are herewith given:

(a) Name of injured employee LARRY THOMAS

Address 768 South-Kenneth, Chicago, ZIP Code 60624

(b) Name of employer MAC GREGOR LEAD CO.

Place of business and address 4500 W. 15th, Chicago ZIP Code

(c) Place of accident 4500 W. 15th, Chicago

(d) Nature of work upon which injured was engaged at time of accident and how caused

Injured during the course and scope of his employ.

(e) State whether medical, surgical and hospital treatment were furnished by employer and, also to what extent; amount expended for above purposes and period treated.

To be shown

(f) Earnings of employee during year preceding injury, if employed by the same employer; if not so employed, give earnings of such employees in the same class or grade. [redacted]

(Over)

CYWI 5-001651

N14498.03

Additional amount claimed as compensation? TO BE SHOWN

(a) $_____ account medical care and attendance.

(b) $_____ per week for _____ weeks temporary total disability.

(c) $_____ for serious and permanent disfigurement to _____

(d) $_____ per week for _____ weeks partial disability.

(e) $_____ per week for _____ weeks loss or loss of use of _____ under paragraph (e) of section 8.

(f) $_____ per week for complete and permanent disability, including pension provided for under paragraph (f) of section 8.

5. (a) Date of service on employer of notice of accident Immediate

(b) If notice not served within forty-five days, did any agent of employer have knowledge of the facts and circumstances of accident? _____

6. Petitioner was 21 years of age and was ~~single~~ married at the time of the injury. Names, ages and addresses of all children under eighteen years of age at the time of injury.

Name LARRY THOMAS, JR. Address SAME Age 2

Name _____ Address _____ Age _____

Name _____ Address _____ Age _____

Name _____ Address _____ Age _____

Name _____ Address _____ Age _____

7. Your petitioner prays that the Industrial Commission appoint an arbitrator to make such inquiries and investigations as he shall deem necessary, and that a day be appointed by said Industrial Commission and the time and place thereof fixed, where said arbitrator may hear such proper evidence as the parties hereto may submit, and that an award and decision may be made, in conformity with the statute in such case made and provided.

The undersigned requests that all notices of proceedings in the above entitled matter be served personally, or by registered mail upon the party whose name and address follows as attorney for the petitioner; if no attorney's name appears, then to the name and address of the undersigned.

Dated this _____ day of _____ 197_

RICHARD S. GORE

Attorney for Petitioner

Address 221 North LaSalle Street

City Chicago, Illinois ZIP Code 60601

Telephone 641-8480

(Signed) X Larry Thomas

Address 768 South Kenneth

City Chicago ZIP Code 60624

APPEARANCE AND AFFIDAVIT OF COMPLIANCE WITH RULE 45

RICHARD S. GORE

1) He is (a member of the law firm which is) the attorney of record for

LARRY THOMAS

(have appeared for all parties represented by affiant)

and has knowledge of the matters covered by this affidavit and has read Rule 45 of the Rules of the Illinois Industrial Commission.

2) He has not directly or indirectly solicited employment by the above-named party or parties, and knows of no solicitation of said party or parties by any person that has resulted in the employment of the affiant, (or his firm).

NO EXCEPTIONS

3) He has not paid, nor promised to pay, the medical, hospital or other expenses of any party, and knows of no payment or promise of payment on his behalf or on behalf of his firm to the above-named party or parties.

NO EXCEPTIONS

4) No part of an attorney's fee or any portion of recovery by award, decision or settlement herein has been paid or promised to be paid to any person whatever, other than the above named party or parties and the attorneys of record herein.

NO EXCEPTIONS

Affiant

Subscribed and sworn to before me _____

Notary Public

CYWI 5-001652