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

STATE OF ILLINOIS

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 , successor to
2. Doing business under the name of: MacGregor Lead Company
3. Address, Street and No. 4500 W. 15th Street City Chicago
4. Nature of Business: lead manufacturer
5. Name of compensation insurance carrier: INA

INJURED EMPLOYEE:

1. Name: Ervine Givens
2. Address, Street and No.: 757 S. Kolmar City Chicago
3. Sex: male 4. Marital Status Married
5. Age: 27 6. Occupation Ball Mill Operator
7. Average Weekly Earnings:
8. No. of Children under 18 years of age: 3

INJURY:

1. Date of injury: October 23, 1972 2. Hour: 11:30 PM
3. How did injury happen: while loading cut lead on elevator to ball mill, he dropped a small piece on his finger.
4. What was employee doing when accident occurred? loading cut lead on elevator
   (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 W. 15th St., City Chicago, State Illinois
8. Describe injury (if specific loss, give date of loss) Contusion of distal phalanx of right middle finger with formation of basal subungal hematoma.
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: October 26, 1972 10. Signed:
11. Position: Plant Manager