

DOCTOR'S FIRST REPORT OF WORK INJURY Immediately after first examination, mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to Enterprise Insurance Company at address shown above. Failure to file a report with the Division is a misdemeanor. (Labor Code, Section 6407-6413.) Answer all questions fully.

1. EMPLOYER.....		Do not write in this space
2. Address (No., St. & City).....		
3. Business (Manufacturing shoes, building con- struction, retailing men's clothes, etc.).....		
4. EMPLOYEE (First name, middle initial, last name).....		
5. Address (No., St. & City).....		Tel. No.
6. Occupation.....		Age..... Sex.....
7. Date injured.....		Hour..... AM Date last worked.....
8. Injured at (No., St. & City).....		County.....
9. Date of your first examination.....		Hour..... AM Who engaged your services?.....
10. Name other doctors who treated employee for this injury.....		
11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury?..... Employee's statement of cause of injury or illness: Eric Vironne saw a road bocco this morning		
12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.) Accordance of left upper leg (leg); bilateral swelling to knee (knee) for 2 days discomfort of pain, cramps, pain below knee, the knee contraction of both legs, contraction of left hand and multiple dislocations.		
13. X-rays: By whom taken? (State if none)..... Findings: negative for fractures		
14. Treatment: - All my cuts of moral areas are covered by my doctor of service and I am not currently hospitalized for pain because I am still able to work at home.		
15. Kind of case (Office, home, hospital)..... If hospitalized, date..... Estimated stay..... Name and address of hospital.....		
16. Further treatment (Estimated frequency and duration).....		
17. Estimated period of disability for: Regular work..... Modified work.....		
18. Describe any permanent disability or disfigurement expected (state if none).....		
19. If death ensued, give date		
20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)		

Name _____ Degree _____
(Type or print) _____
Date of report _____ Address (No., St. etc.) _____ City _____ State _____ Zip No. _____

ECONOMICS

Use `require` since it more space required

ADRIEN
DRESS
TY
HORN

SIRIAN, SIRIAN
696 E. Howard
Pasadena, California

BILL TO
ADDRES
CITY
PHONE

STATEMENT

ROOM NO.
Out-Patient
RATE
DOCTOR
Schnepper

HOSPITAL NO. ER-4179
DATE ADM.
HOUR ADM. 10-8-66

DATE DISCH

HR. DISCH.

029

SEE REVERSE SIDE OF YOUR STATEMENTS

CODES ARE TAKEN FROM THE 1964 RELATIVE VALUE STUDIES - 4TH EDITION

DATE OF POSTING DOES NOT
NECESSARILY REPRESENT THE DATE
THE SERVICE WAS RENDERED.

YOUR PRIVATE PHYSICIAN'S CON-
SULTANT'S AND ANESTHESIOLOG-
IST'S CHARGES ARE NOT IN-

THIS BILL INCLUDES ALL CHARGES REPORTED TO THIS OFFICE UP TO TIME OF DISCHARGE. UNREPORTED CHARGES WILL BE FILED LATER. BILLS PAYABLE UPON PRESENTATION.

ALL BILLS PAYABLE ON PRESENTATION.
RETAIN FOR INSURANCE AND TAX RECORDS

CORONA COMMUNITY HOSPITAL

812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA

TELEPHONES: 737-4343 --- 688-0093

BILLING AGENT FOR

PAUL H. DEEB, M.D.
JOHN W. KIZZIAR, M.D.
RADIOLOGISTS

THOMAS E. JONES, M.D.
PATHOLOGIST

PATIENT'S STATEMENT

PATIENT SURMAN, MR. SURMAN
ADDRESS 696 East Howard
CITY Pasadena, California
PHONE 818-2136

BILL TO
ADDRESS
CITY
PHONE

STATEMENT

Industrial Accident. ROOM NO. 235-

ROOM NO. 23.5

RATE \$39.00
DOCTOR R. Nelson

HOSPITAL NO. 7988
DATE ADM. 9-25-66
HOUR ADM. 12:30 PM

DATE DISC

HR. DISC

SEE REVERSE SIDE OF YOUR STATEMENTS.

CODES ARE TAKEN FROM THE 1964 RELATIVE VALUE STUDIES - 4TH EDITION.

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NECESSARILY REPRESENT THE DATE
THE SERVICE WAS RENDERED.

YOUR PRIVATE PHYSICIAN'S CONSULTANT'S AND ANESTHESIOLOGIST'S CHARGES ARE NOT INCLUDED IN THIS BILL.

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ALL BILLS PAYABLE ON PRESENTATION.
RETAIN FOR INSURANCE AND TAX RECORDS

CORONA COMMUNITY HOSPITAL

812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA

TELEPHONES: 737-4343 - 688-009

BILLING AGENT FOR

PAUL H. DEEB, M.D.
JOHN W. KIZZIAR, M.D.
RADIOLOGISTS.

THOMAS E. JONES, M.D.
PATHOLOGIST

INSURANCE COPIES

FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

TRULA MERRIMAN, Stenographer, California Horse Racing Board, 205 South Broadway, furnished the following:

She made available an application for license as a hot walker completed by SIRHAN BISHARA SIRHAN. The license was issued on January 1, 1966, at the Santa Anita, California Race Track.

The application indicated that SIRHAN BISHARA SIRHAN, 696 East Howard Street, Pasadena, California, was born on [redacted] in Jerusalem, Jordan. His employer was listed as GORDON BOWSHER. A previous employer of SIRHAN was listed as CLARENCE COPPING, 2529 Foothill, Pasadena, California. Three names were listed on the form as persons who have known SIRHAN well for the past ten years. These individuals were furnished as: WALTER CROWE, 1700 Topeka Street, Pasadena, California; TOM GOOD, 1743 Elizabeth Street, Pasadena, California; JOHN STRATHMANN, 1760 North Oxford Avenue, Pasadena, California. The form was signed "SIRHAN SIRHAN".

PII

Mrs. MERRIMAN advised that she was furnishing this original form for the use of the FBI. She stated it is signed by SIRHAN and was probably executed by him as these forms are normally filled out by the applicant.

On 6/7/68 at Los Angeles, California File # Los Angeles 56-156

by SA THEODORE E. CHILDRESS/vjh Date dictated 6/7/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

KATIE COFFEY, Secretary for Dr. NELSON, and whose residence is 11315 Laverne, Riverside, California, advised that she recalled SIRHAN SIRHAN coming into the office in the fall of 1966, after he had been thrown from a horse. She advised that he was a very nervous and "jumpy" person, and she talked to him on a few occasions attempting to get him to settle down in the office and not to be so upset while awaiting the Doctor. She said that from the slight conversation she had with him, he appeared to be an unhappy and nervous person who gave the impression he felt like he was being picked on most of the time. She said that he appeared to be very self-conscious about his very small size. She had no discussions with him of a political or social nature, and talked with him in an attempt to calm him down....

On 6/5/68 at Corona, California File # Los Angeles 56-156by SA LANFORD L. BLANTON/sjg Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Dr. RICHARD A. NELSON, Suite 7, 760 South Washburn, Corona, California, advised that he recalled treating SIRHAN SIRHAN for an injury received from a fall. SIRHAN SIRHAN was thrown from a horse while he was employed by the Granja Vista Del Rio Farms. He was first seen on September 25, 1966, when he was brought to the Corona Community Hospital. Dr. NELSON said that there was no serious injury incurred. He was admitted to the hospital by Dr. NELSON on September 25, 1966, at 12:30 p.m. He was released at 1:35 p.m. on September 26, 1966. Dr. NELSON wanted him to stay in the hospital longer, but he was very reluctant to stay in the hospital and almost a belligerent patient. X-rays were taken of his skull, back, shoulders, and arms, and they were all negative. There was no permanent damage incurred in any place from this fall. SIRHAN was scratched extensively and the injury was painful for a few days, but was not serious.

Dr. NELSON recalled SIRHAN questioned all of the medical applications and all medicines administered to him, and appeared unduly frightened of the various treatments. Dr. NELSON said that he appeared to be an angry young person, but that he did not give it much thought at that time. He said that he does remember him very plainly, because he was one of the most reluctant patients that he had ever had.

Dr. NELSON furnished the copies of all the medical records at the Corona Community Hospital, and furnished these to SA BLANTON.

After SIRHAN was released on September 26, 1966, Dr. NELSON saw him again on September 29, 1966. Notations were made in his own records that he was healing, and he was fully active at that time. He saw him again on October 26, 1966, in his office, and SIRHAN appeared to be completely healed. He complained of a little trouble with his left eye, and Dr. NELSON referred him to Dr. MILTON A. MILLER, 824 South Main, Corona, an optometrist.

On 6/5/68 at Corona, California File # Los Angeles 56-156

by SA LANFORD L. BLANTON/sjg Date dictated 6/7/68

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LA 56-156

Dr. NELSON again stated that SIRHAN's injuries were not serious and were only dirty and momentarily painful.

Attached is a copy of the Corona Community Hospital Records pertinent to SIRHAN SIRHAN made available by Dr. NELSON.

DR. CALLED Schupper
REPORTED

812 WASHBURN AVE.
CORONA, CALIFORNIA 91720
PHONES 737-4343 • 688-0093

ER 4179

NAME	Sirhan Sirhan	
ADDRESS	696 E Howard St	
CITY	Pasadena, Calif	
SEX	Male	
DATE OF BIRTH	ONE S 4 8 2 1 3 6	
SOCIAL SECURITY NO.		
RESPONSIBLE PARTY	Manja Vista del Rio	
ADDRESS	13240 Citrus St, Corona	
EMPLOYER	↑	
ADDRESS		
INSURANCE CO.		
ADDRESS		
GROUP NO.	CERT. NO.	
ACCIDENT (NATURE, DATE, WHERE)	Reopened left eye wound this p.m. & question accident	
EMERGENCY ROOM CHARGES	\$ -	
PROFESSIONAL FEE		
X-RAY	SUB TOTAL	
LABORATORY		
TOTAL	\$ -	
NURSES SIGNATURE	Sheldon	

DATE 10/8/66 TIME 3:15 P.M.
CHIEF COMPLAINT Gutierrez PII
TREATMENT Obstruction
nose bleed
L. Eye - bite
8. Debris
Test Tax
Weeks ago
6 dm. cleaned
& using dm.
of Phenophen
drinking
ice
DISPOSITION With dr.
PHYSICIAN Dr. J. H. H. M.D.
CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.

This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

Patient

Sirhan Sirhan
(REASON NOT SIGNED BY PATIENT)

Signed for
Patient by

RELATIONSHIP

Hospital No. 7988
Patient No. 215-1 Rate \$36.50

ADMISSION FORM
CORONA COMMUNITY HOSPITAL

Date Adm. 9-25-66 a.m. 12:30 PM

Date Disch. 9-26-66 a.m. 1:45 PM

Advance Payment _____ Amount _____ Date _____

Previous Admission This Hospital No. _____ Yes _____ Date _____

Previous Admission Other Hospital No. _____ Yes _____ When _____ Where _____

Name SIRHAN, MR. SIRHAN Initial Maiden Name

Permanent Address 696 East Howard Street

Pasadena, California Zone State

Phone SY8-2136

Age 22 Sex M Birth Date 3-19-44 Marital Status S M Patient's Soc. Sec. No.

Race Cauc. Birthplace Nationality Religious Preference

Patient's Occupation Exercise Boy Employed By Altfillisch Const. Co. Rt. 1 Box 159B Street City Phone How Long

Nearest Relative Sirhan Father Address Samo Relationship Street City Phone

Soc. Sec. No.

Employment Employed By Firm Street City Phone How Long

Cash Reg. No. Address Street City Phone

✓ Industrial Accident Company Policy or Cont. No. Group No. Dis. Date Type

Brought in by Ambulance Service of Dr. R. Nelson 737-5892 Admitted By Gale Norbutts

760 Washburn Corona

Provisional Diagnosis Multiple Contusions and Abrasions, Severe Back Injury

Final Diagnosis Multiple Contusions and Abrasions, Severe Back Injury

Code No. 929 ✓

Finger fractures 7 fingers

918.0 ✓

Complications None

879.6 ✓

Operation Suturing of lacerations (in E.R.)

930 ✓

Associated With _____

89.4 ✓

Diagnosis Improved Not Treated Diagnosis Only Not Improved

Died
 0-48 Hrs.
 49-72 Hrs.

Autopsy Yes No

John P. Clegg

M.D. Attending Physician

CORONA COMMUNITY HOSPITAL

CORONA, CALIFORNIA

RELEASE OF RESPONSIBILITY

This is to certify that I, SIRHAN, SIRHAN..... hereby release the Hospital from all responsibility for loss or damage of any personal articles left in my possession, or any items brought into the Hospital during my hospitalization.

I have been advised by the Hospital to return any unnecessary articles to my home, and I take full responsibility for retaining in my possession any articles which I consider necessary, and for the removal of these article from the Hospital premises at the time of discharge.

Any valuables placed by me into the Valuables Envelope No..... are itemized separately on the face of the envelope and placed in the Hospital safe.

DATE: 9-25-66.....

SIGNED.....

PATIENT

WITNESS.....

IF PATIENT IS A MINOR OR IS UNABLE TO SIGN, COMPLETE THE FOLLOWING:

PATIENT IS A MINOR.....(STATE AGE); IS UNABLE TO SIGN BECAUSE.....
.....

DATE:.....

WITNESS.....

Signature (State Relationship)

SIRHAN, SIRHAN..... 215-1 Dr. R. Nelson 7983
Name - Last First Middle Room-Bed Attending Phys. Hosp. No.

RELEASE OF RESPONSIBILITY

CONDITIONS OF ADMISSION
to
CORONA COMMUNITY HOSPITAL

A copy of this Document is to be delivered to the patient.

1. General Duty Nursing: The hospital provides only general duty nursing care. Under this system nurses are called to the bedside of the patient by a signal system. If the patient is in such condition as to need continuous or special duty nursing care, it is agreed that such must be arranged by the patient, or his legal representative, or his physicians, and the hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
2. Medical and Surgical Consent: The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physicians, and the undersigned consents to any x-ray examination, anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions of the physicians.
3. Release of Information: The hospital is authorized to furnish from patient's record requested information or excerpts to any insurer of patient.
4. Personal Valuables: It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables and the hospital shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, furs, fur coats and fur garments or other articles of unusual value and small compass, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping.
5. Financial Agreement: The undersigned agrees, whether he signs as agent or as patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest of the legal rate.
6. Insurance: I understand that, if my hospitalization is covered by insurance of any type, it is nevertheless, my personal obligation to pay for all hospital charges as presented by the above mentioned hospital. I hereby consent that the hospital may request any insurance company concerned with my hospitalization to name it, the hospital, upon all settlement or recovery under such insurance.

The undersigned certifies that he has read the foregoing, receiving copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

DR. RICHARD NELSON

Attending Physician

SIRHAN SIRHAN

Patient's Name

Date _____ Hour _____

Patient

Witness

Date _____ Hour _____

Relationship

Witness

Date _____ Hour _____

Relationship

Witness

DR. CALLED R. Nelson812 WASHBURN AVE.
CORONA, CALIFORNIA 91720.
PHONES 737-1343 • 688-0093

REPORTED _____

P.P. R. N. No. 1
ER 4045

DATE 9-25-66

TIME 9:30 A.M.

NAME <u>Sirkhan, Sirkhan</u>		DATE 9-25-66		TIME 9:30 A.M.	
ADDRESS <u>696 E Howard Rd.</u>		CHIEF COMPLAINT			
CITY <u>P.B.ade</u>		Industrial accident, was riding race-horse when he ran into fence and fell, sustaining injuries as follows:			
SEX <u>Male</u>				PII	
DATE OF BIRTH		PHONE <u>SG. 82136</u>			
SOCIAL SECURITY NO.					
RESPONSIBLE PARTY <u>Self</u>		TREATMENT			
ADDRESS		<u>Gauze</u>			
EMPLOYER <u>Alf'sch, Ernst Co.</u>		<u>Newkubital gr. 1/2 oz.</u>			
ADDRESS <u>Box 1593 RT 1 Corona</u>		<u>Dawar</u>			
INSURANCE CO.					
ADDRESS		Laceration of left upper lid (medial)			
GROUP NO.		Bilateral sand foreign bodies in eyes			
CERT. NO.		Laceration of chin, complex, 5 cm total			
ACCIDENT (NATURE, DATE, WHERE) <u>Horse - 9-25-66 8:30 AM</u>		Large contusion of dorsal back			
<u>Chapar Vista Del Rio</u>		Contusion of left hand			
<u>Citrus 13200 - East Vale (Mered)</u>		Multiple abrasions.			
EMERGENCY ROOM CHARGES		<u>15.00</u>	HYPERFET <u>250 units</u> given <u>w</u>		
Suture <u>Set</u>		<u>5.00</u>	Hospitalized for further care.		
Newkubital Sodium gr 1/2		<u>5.00</u>			
Prep tray		<u>1.00</u>			
PROFESSIONAL FEE					
SUB TOTAL					
X-RAY + Spine		<u>17.50</u>			
SKULL		<u>25.00</u>			
(1) Shoulder		<u>15.00</u>			
(1) Hand		<u>12.50</u>			
A.H.		<u>5.00</u>			
LABORATORY					
TOTAL		<u>91.50</u>	DISPOSITION		Hospitalized
NURSES SIGNATURE <u>W. White, RN</u>		PHYSICIAN		Richard A. Nelson, M.D. M.D.	

CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment; I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.

This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

Patient unable to sign _____
(REASON NOT SIGNED BY PATIENT)

Signed for

Patient by

680

RELATIONSHIP

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date..... 9-25-66 Hour..... 11:30 am a.m.
..... p.m.

Problem: Fell from race horse, hit fence, sustained multiple injuries:

Contusion of the left subscapular-dorsal area
 Laceration and hematoma of left upper lid
 Bilateral sand foreign bodies of the eyes
 Contusion of the left hand
 Lacerations of the chin-neck
 Multiple superficial abrasions.

ORDER OF RECORDING**1. Chief Complaint****2. History of Present Illness****3. History of Past Illness**

- a) childhood
- b) adult
- c) operations
- d) injuries

4. Family History**5. Social History****7. Signature**

- a) General
- b) Skin
- c) Head-Eyes-Ears-Nose-Throat
- d) Neck
- e) Respiratory
- f) Cardio-vascular
- g) Gastro-intestinal
- h) Genito-urinary
- i) Gynaco-logical
- j) Locomotor
- k) Neuro-psychiatric

6. Systemic Review

This 22 yr old Arabian male was riding a race horse when it veered toward the fence and he fell off, causing the above-described injuries. He was brought in by ambulance. Clothing was removed and the above-described injuries noted and treated.

Eyes were irrigated with saline after $\frac{1}{4}$ % Pontocaine gtt. Neosporin unq. Chin laceration sutured Spine, hand, shoulder Films reviewed by Dr. Deeb, most probably negative

Patient has never been to a doctor, no major previous injuries. No surgery, no major medical illness. Denies knowledge of TB or Cancer or diabetes.

System review is totally negative.

Background: has been in US for some years studying, apparently has finished college, but prefers riding horses, has aspirations to become a jockey.

Name—Last

Sirhan, Mr. Sirhan

First

Middle

Hospital No.

Room No.

Clinic or Service
SurgicalResiding Physician
R.A. Nelson, M.D.

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date..... 9-25-66 Hour..... 11:30 am a.m. p.m. Age..... 22 Sex..... Male
 Weight..... Height.....
 Temp..... 76 reg Pulse..... Resp..... Blood Pressure..... 116/82

General appearance:

Young adult dark-skinned male lying on a stretcher in severe pain, covered from head to toe with dirt. Left eye is bleeding and he complains of pain in the shoulder. He is alert, nervous, but cooperative

Head: 7 mm laceration in left upper lid which is bleeding actively, with fairly large hematoma of the lid. Laceration is near medial canthus. Pupils are equal, react normally. Both conjunctivae have a large amount of sand.

ORDER OF RECORDING

1. General
2. Skin
3. Eyes
4. Ears
5. Nose
6. Mouth
7. Throat
8. Neck
9. Chest
10. Heart
11. Abdomen
12. Genitalia
13. Lymphatic
14. Blood Vessels
15. Locomotor
16. Extremities
17. Neurological
18. Rectal
19. Vaginal
20. Diagnosis
21. Signature

Face: no other injuries

Neck: 5 cm laceration of chin, compound, closed with 4-0 nylon sutures

Thorax: normal bony thorax, no palpable or x-ray evidence of fractured ribs. Lungs clear, heart tones good, no murmurs

Abdomen: flat, no scars, no tenderness, no masses, no hernia noted.

Rectal not done

Genitalia normal to inspection and palpation.

Extremities

Right shoulder, also left, slight tenderness X-ray neg, superficial abrasion. Left hand has some contusion and slight discomfort -- films neg.

Lower extremities: normal, no evidence of trauma

Reflexes normal

Impression: Multiple external injuries as noted

Advise: Detailed emergency room care done/
Hospitalize for further treatment and observation.

Name-Last

Sirhan, Mr. Sirhan

First

Middle

Hospital No.

70168

Room No.

m

Clinic or Service
Surgery

Attending Physician

Richard A. Nelson, M.D.

Corona Community Hospital

DATE	Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patients
9.26.68	<p>multiple surfaces are becoming nearly <u>healed</u></p>

-683-

PROGRESS RECORD - Number

Sipin, Sibz.

Homo Na

7984

SIXTH REPORT

Name—Last
SirhamFirst
SirhamMiddle
Richard

684

Attending Physician
P. P. R. S.Hospital No.
7988Location
215-1

Sirham, Sirham

Ward
or Room

215

Hosp. No.

7988

Richard Nelson

Lab. No.

Doctor

Specimen

Kolmer-Wassermann

Kahn

Kline Non-Reactive

Maxxini

V.D.R.L.

Blood Agglutinations: E. Typhi-O

H

S. Paratyphi A

Paratyphi B

P. Tularense

Br. Abortus

Other Tests

9/23/66

Date
STD. FORM 781-C BANCO-S.F.

Technician

11 Turkey

SEROLOGY

Doctor Miliore, R.

Lab. No.

Color yellow Character clear Reaction +

S. G. 1.013 W. B. C. 0-1

Albumin 0 R. B. C. 0

Sugar 0 Ep. Cells few

Acetone 0 Casts 0

Diacetic Bacteria 0

Bile Crystals 0

Other Tests

Date 9-26-66

STD. FORM 781-A BANCO-S.F.

Technician

11 Turkey

URINALYSIS

Name Sirham, Richard Ward 215 Hosp. No.

Doctor Miliore, R.

Lab. No.

Color Index Reticulocytes Platelets

Clotting Time Bleeding Time

R. B. C. Hb. W. B. C. 8,400

DIFFERENTIAL:

POLYS.			EOSINS:	BASO.	LYMPHS.				MONOS.	MYELOS.			
Total	Non-Seg.	Seg.			Total	L	M	S		Total	N	E	B
			57	1	42								

Sed. Rate Cor. Sed. Rate Hematocrit 43 Blood Vol.

Remarks

Date 9-26-66

STD. FORM 781-B BANCO-S.F.

Technician

11 Turkey

BLOOD (Morphology)

Radiologic Consultation Request

EXAMINATION REQUESTED		EXAMINATION PERFORMED		CODE
<i>+ Thoracic Lumbosacral spine</i>	<i>Complete back and</i>	T Lpm.	7207	
THORACIC SPINE		SKull	7026	
Spiral Series		L. Shoulder	7248	
Skull	SKULL	L. Hand	7259	
LEFT SHOULDER		Other bones	7475	
L. Shoulder				
L. Hand	LEFT HAND			

TO BE COMPLETED BY REQUISITIONER	PREVIOUS X-RAY HERE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WHEN?	RACE	HEIGHT	WEIGHT	WALK <input type="checkbox"/> CART <input type="checkbox"/> CHAIR <input type="checkbox"/> PORTABLE <input type="checkbox"/>
			Amer.	5'4"	112	

SUMMARY OF PERTINENT HISTORY - PHYSICAL FINDINGS - AND ALL PROVISIONAL DIAGNOSIS (TO BE COMPLETED BY REQUISITIONER)	<i>Fall off Horse</i>
--	-----------------------

FOR X-RAY DEPARTMENT USE ONLY	RADIOLOGIST	TECH.	DICTATED:	9-26-66	14 X 17	10 X 12	DATE 9-26-66
			TRANSCRIBED:	9-26-66	11 X 14	8 X 10	TIME 11:00 A.M.

REPORT OF RADIOLOGIST

SKULL: The examination of the skull shows the cranial pattern quite well. The information of a fall from a horse is reviewed. The films do not show evidence of depression or fracture. A prominent vascular pattern is suggested near the vertex. The sella turcica is normal and portions of the cervical spine is included.

LEFT SHOULDER: The examination of the left shoulder failed to show evidence of fracture or dislocation. The joint margins are preserved. Portions of the lungs and upper ribs are seen.

THORACIC AND LUMBAR SPINE: The examination of the thoracic and lumbar spine shows the vertebral bodies fairly well. On one view there is a questionable shadow involving T7 but this is not supported by other views and definite evidence of compression fracture is not seen. If the patient should have pain perhaps oblique views would be of value. The adjacent ribs incidentally are seen and appear intact.

LUMBAR SPINE: The examination of the lumbar spine shows no compression of the vertebra or spaces. The transverse processes are quite well outlined. The lower ribs are seen. No major bone defect is visible. Portions of the pelvis and hip regions are included.

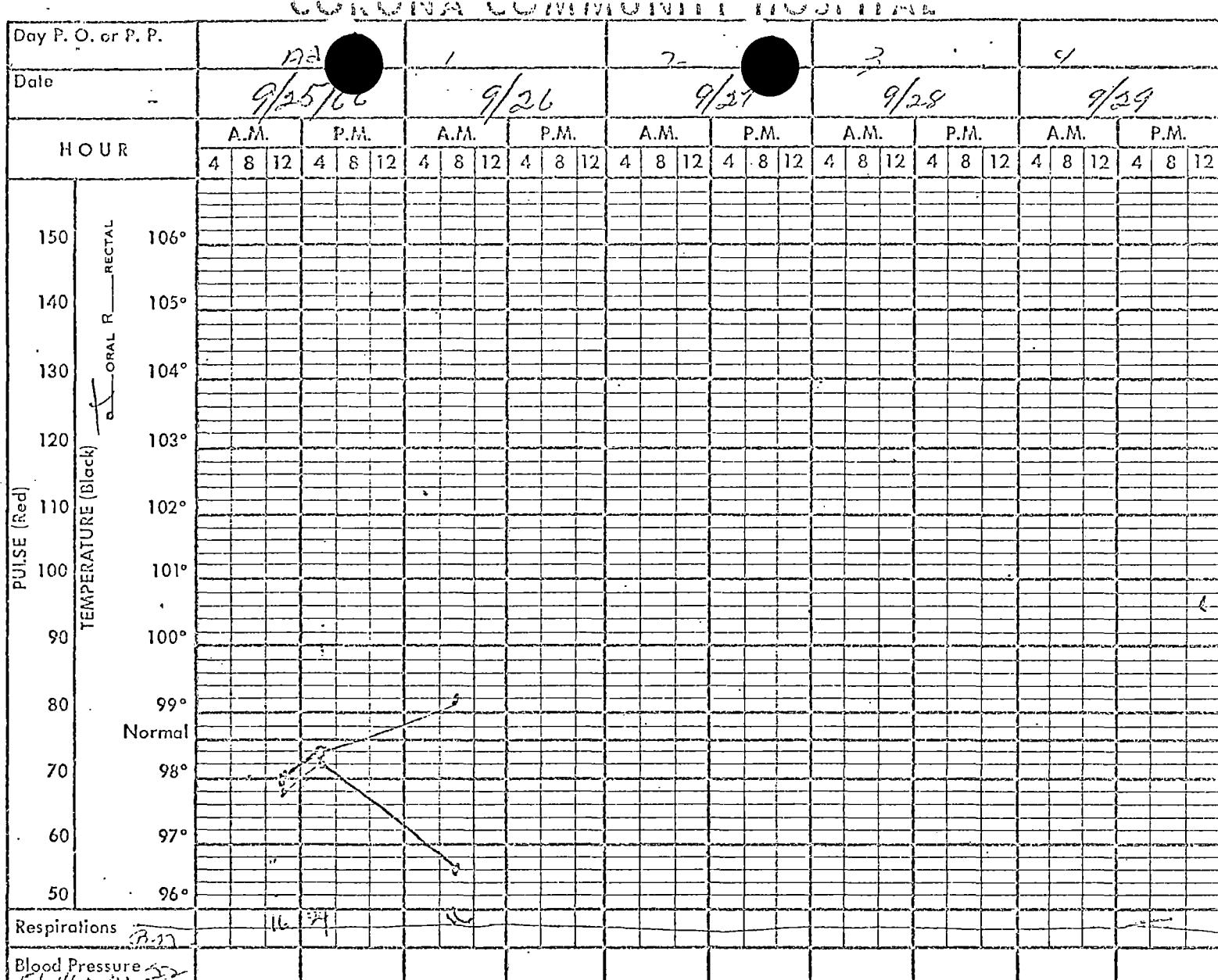
LEFT HAND: The examination of the left hand shows no fracture or dislocation.

CONCLUSION: No gross bone defect seen in the spine, left shoulder, left hand or skull.

CORONA COMMUNITY HOME
CORONA, CALIFORNIA

NARCOTIC ORDERS AUTOMATICALLY DISCOVERED
PAID AFTER 72 HOURS.

SEDATIVES, TRANQUILIZERS, ANTI-DEPRESSANTS
ANALGESICS & OTHER CONTINUOUSLY DIALED DRUGS



MEDICATIONS	DOSE	METHOD	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	PRICE
-------------	------	--------	----	---	---	---	---	---	---	---	---	---	----	----	----	---	---	---	---	---	---	---	---	---	----	----	----	-------

Nicoperidol
Spinal Out 1/2 3-511 1/2

Hydroxyzine 50 mg 1/2

Vistaril 50 mg 1/2

NARCOTICS

STAT MEDICATIONS

SIGNATURE
OF MEDICATION NURSE

11-7:30 X

687

1-11:30
Dr. Graf, RN

3-11:30

D.K. WALKER

LAST NAME

I- Sirhan, Sirhan

9-25-66

Q15'

HOSPITAL NO.

ATTENDING PHYSICIAN

R. Nelson

CORONA COMMUNITY HOSPITAL

Day P.O. or P.P.

Date

PULSE (Red)	TEMPERATURE (Black)	A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.			
		4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
150	106°																		
140	105°																		
130	104°																		
120	103°																		
110	102°																		
100	101°																		
90	100°																		
80	99°																		
70	Normal																		
60	98°																		
50	97°																		
	96°																		
Respirations																			
Blood Pressure																			

MEDICATIONS	DOSE	TIME	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	PRICE
Neseparin Distarot (in both eyes)													X			X												
Anerine 750 mg	750 mg	1/2																										
Vistaril mg .50	.50	✓																										

NARCOTICS																											
-----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STAT-MEDICATIONS																											
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE OF MEDICATION NURSE	11 - 7:30 X	B. Weiss RN	688	7-230	J. Mendez R.N.	3-11:30	LAST NAME	ROOM NO.	HOSPITAL NO.	ATTENDING PHYSICIAN
----------------------------------	-------------	-------------	-----	-------	----------------	---------	-----------	----------	--------------	---------------------

CORONA COMMUNITY HOSPITAL
CORONA, CALIFORNIA

Do not write above this line or on back of page.

Date	Hour	Description of Patient's Condition. Do not chart routine TPR, routine care, or Rx on this form.	Nurse's Signature
9/25/66	12 ³⁰	Twenty-two year old male admitted weight 5'4", weight 111 lbs, BP $\frac{103}{64}$ T- 98° P- 68 - R- 36.	
	2 ⁰⁰	BP- $\frac{100}{60}$ - P- 68, R- 16 appears to be sleeping. One patch to L. Eye. Dr. Nelson seen.	H. Dicay, RN
4-25	6 ⁰⁰	Continues to be very drowsy. C/o hand pain. Face washed & rechristened Eye patch. Replaced. Two patches to L eye.	
	8 ⁰⁰	Lips bathed. Voided.	
	10 ⁰⁰	Eye patches changed. Moderate amount of bleeding.	L. Reitation RN
		9-26-66	
11-7		Lad "Glen" placed on left eye for prismus alleg. Sleeps. Daily go no complaints.	b. Price, RN
7-3		Full diet - ate well - Neoparin Diet. in both eyes and eye patch replaced on left eye x 2 - Dr. Nelson is - A.M. Case Described few wheelchair friend in improved condition -	J. Womeling, RN

FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

ARLENE CANCEL, Secretary to Doctor MILTON A. MILLER, Optometrist, 824 South Main, Corona, advised that she recalled SIRHAN SIRHAN come into this office for treatment. She recalled very little about him except he was a very nervous and impatient type of patient.

689

On 6/5/68 at Corona, California File # Tos Angeles 56-156

SA LANFORD L. BLANTON/mdm

Date dictated 6/7/68

FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

MILTON A. MILLER, Medical Doctor, Optometrist, 824 South Main, Corona, California, advised that SIRHAN SIRHAN had been first seen at his office on November 8, 1966, for an eye injury and gave the history of being thrown from a horse while working as an exercise boy.

SIRHAN gave the history of being thrown from a horse while working at one of the local farms. He was referred to Doctor MILLER by a General Practitioner, Doctor RICHARD A. NELSON. He examined the eye of SIRHAN and noted in his records that SIRHAN seemed to exaggerate his injuries, that 20-20 vision was found in both eyes and that there was a small view of vision in the left eye that might have been restricted in a slight way. He saw him again on November 14, 1966, November 22, 1966, and December 20, 1966. Doctor MILLER noted in his records on December 20, 1966, that he believes that SIRHAN was a malingeringer. When he last saw SIRHAN on December 20, 1966, SIRHAN told him he was no longer employed in this area and was living in Pasadena. Doctor MILLER referred him to a Doctor KOEHN in Pasadena and stated that he was glad that he was no longer in this area. He said he told SIRHAN that he could not write a letter to his insurance company, stating that his injury was not of a nature wherein he should collect compensation. He advised that SIRHAN appeared very angry and nervous, but that he had no discussions with him and recalled no conversations in the office with SIRHAN. He does recall that after he had seen him on the last occasion, December 20, 1966, at approximately two hours later, he received a telephone call from SIRHAN. SIRHAN told him something to the effect that if he did not do what he wanted him to, he would "get him". SIRHAN did not say how he would get him and did not give Doctor MILLER time to answer him but hung up the telephone. Doctor MILLER said he did not make a report of this to the police department as he merely passed it off as an angry young man and besides, he noted that SIRHAN did not say how he would get him.

690

On 6/5/68 at Corona, California File # Los Angeles 56 -156SA Lanford L. Blanton/mdm Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

E. GORDON KIEHN, M.D., Eye Physician and Surgeon, Suite 203, 48 North El Molino Avenue, Pasadena, was interviewed concerning his knowledge of SIRHAN SIRHAN. KIEHN was advised of the identity of the interviewing agent and he stated that he had treated SIRHAN for a work related eye injury sustained on or about September 24, 1966.

SIRHAN SIRHAN, 696 East Howard Street, Pasadena, California, telephone No. SY 8-2136, Social Security No. [redacted] came to his office on February 21, 1967, having been referred by Dr. MILTON A. MILLER of Ontario, California. SIRHAN exercised horses at the Granja Vista Del Rio Ranch (Altfillisch Construction Company), 13200 Citrus, Corona, California, and on or about September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. SIRHAN thought he was unconscious for a brief time and he was treated at the Corona Community Hospital by a Dr. RICHARD A. NELSON and the wounds around the eye and chin were sutured. Four days later the sutures were removed.

SIRHAN reportedly suffered a brief injury again a few days after the initial injury and the wound edge separated a little bit. SIRHAN was unaware of any eye problems until he began exercising the horses again at which time he had to move his head from left to right in order to see well on either side. This was especially noticeable in the left eye.

Because of his eye complaints, he was referred to Dr. NELSON of Corona, California, and following this to Dr. MILTON A. MILLER of Ontario, California.

SIRHAN complained of twitching of the left eye lid when he looks to the left, wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, or other complaints except that of a persistent pain in the superior nasal aspect of the left orbit.

691

6/5/68 at Pasadena, California File # Los Angeles 56-156

by SA WILLIAM G. AHERTON/sdb

6/7/68

Date dictated

2
LA 56-156

Dr. KIEHN stated that he found SIRHAN's vision to be 20-20 in either eye uncorrected and he had no significant injuries to the eye. X-rays were negative.

He stated that he regarded the injury as having functional overlay as the injury was not as serious as SIRHAN believed.

He described SIRHAN as fairly neat and clean in appearance and the aesthetic type with frail features.

He said that SIRHAN at times was very affable and pleasant but he could also be very disturbed at times. He stated that he saw SIRHAN twice a month after February 1967 through April and then SIRHAN did not show up for about six months. He stated that in the meantime SIRHAN had seen Dr. FORREST L. JOHNSON and Dr. ALBERT TASHMA.

He stated that from October through December he saw SIRHAN about once a week to put drops in his eye which seemed to alleviate the pain.

He stated that SIRHAN never discussed politics with him and he knew little of his background.

Dr. KIEHN advised that as a result of his contact with SIRHAN he did not consider him a stable person and believes that he could be influenced by others.

He stated that Dr. MILLER told him that SIRHAN had made some type of threat over an insurance report for the eye injury. He stated that he believes SIRHAN mentioned that he "would take care of him" (Dr. MILLER) if he did not write a favorable report.

FEDERAL BUREAU OF INVESTIGATION

1

6/7/68
Date _____

MAURICE W. NUGENT, Ophthalmologist, 726 Malcolm Avenue, Los Angeles, California, after being advised of the identity of the interviewing agent, was interviewed at his residence concerning SIRHAN B. SIRHAN, 696 East Howard Street, Pasadena, California, an employee of Granja Vista Del Rio Ranch, 1300 Citrus, Corona, California. The employer's insurance carrier is Argonaut Insurance Company, 443 Shatto Place, Los Angeles, California.

Dr. NUGENT advised that SIRHAN was referred to him by ANNE P. TOOMER, Attorney, 16 North Marengo Avenue, Pasadena, California, for examination relative to an industrial injury sustained on about September 24, 1966.

Dr. NUGENT examined SIRHAN on October 10, 1967. SIRHAN advised that he had been thrown from a horse on or about September 24, 1966 at Corona, California, and he believed that he was thrown into a fence. He stated that he was unconscious for a short time and regained consciousness in the Corona Community Hospital while his facial lacerations were being ~~sutured~~. He stayed in the hospital overnight and was released and about one week later he returned to the hospital for the removal of the sutures.

He returned to work at the Granja Vista Del Rio Ranch about two weeks later and then noted poor movement in his left eye with a feeling of tension and pain.

Dr. NUGENT's examination reflected that SIRHAN's vision was 20-15, or better than normal in each eye without correction.

In the area towards the nose, the left upper eye lid showed a very small scar remnant which had healed exceptionally well.

693

On 6/5/68 at Los Angeles, California File # Los Angeles 56-156

SA WILLIAM G. ATHERTON/sdb
by _____

6/7/68

Date dictated _____

2
LA 56-156

Dr. NUGENT concluded that SIRHAN had a most excellent pair of eyes and . most excellent surgical results of a repair of his laceration in the nasal end of the left upper eye lid and there was no indication whatsoever of further treatment or complications or resultant disabilities. The eye examination showed no defect of the interior eyes nor any localization of any central nervous system defect.

Dr. NUGENT advised that SIRHAN impressed him as a very pleasant and cooperative young man.

He stated that SIRHAN did not discuss his political beliefs and he had no additional knowledge of SIRHAN's background.

Dr. NUGENT advised that he believes that SIRHAN had obtained the services of Attorney TOOMER to assist him in a workmen's compensation case as a result of the eye injury sustained while employed at the ranch.

He stated that SIRHAN impressed him as being unusually cooperative and pleasant in spite of the fact that his examination had reflected no physical defects.

FEDERAL BUREAU OF INVESTIGATION

Date 6/7/68

1

On June 5, 1968, FRANK STASIK, Miller and Ames Insurance Company, 3600 West Wilshire Boulevard, Los Angeles, California, advised that SIRHAN SIRHAN, address care of Route No. 1, Box 159 B, Corona, California, was employed as a horse exercise boy for BERT ALTILLISCH, 13200 Citrus Avenue, Norco, California. On September 25, 1966, he fell from a horse, was injured, and submitted a medical insurance claim under policy No. 20-210-056370, claim No. 02 X 203445. Mr. STASIK advised that SIRHAN was apparently not seriously injured and he was treated by Dr. RICHARD A. NELSON, Hamner Street, Norco, California. STASIK further advised that more details could be obtained through the Argonaut Insurance Company, 443 Shatto Place, Los Angeles, as the Argonaut Insurance Company had the policy on SIRHAN.

695

On 6/5/68 at Los Angeles, California File # Los Angeles 56-156
by SA FREDERICK E. BECKER/jae Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Mr. MEL VINYARD, Vice President, Argonaut Insurance Company, 443 Shatto Place, made available his insurance company's file pertaining to SIRHAN SIRHAN, a xerox copy of which is attached.

696

On 6/5/68 at Los Angeles, California File # LA 56-156

by SA FREDERICK E. BECKER/kaf

Date dictated 6/8/68

**ASTROPORHE OR
CROWN ECLIPSIS**

CLOSING RECORD

	INDEMNITY	MEDICAL	ALLOCATED	TOTAL
11			0	16310
12	0	23460	0	23460
13	0	26210	0	26210
14	79085	34340	313425	

CAT DISCUSSIONS ON THE 1996-1997 DRAFT BUDGET

PARIS FINE ARTS
1111 Wilshire Boulevard
Los Angeles, Calif.

WAGE **INDEMNITY** **COMP. RATE**

AWARD **WEEKLY WAGE ADVICE** **TO ACCOUNTING BY** **PATE**

TO ACCOUNTING BY DATE

WEEKS ACT. PD. TO DATE	DATE	APPR.	CHECK NO.	PERIOD	AMOUNT	TOTAL
			262013	July	71.00	71.00
18			262014	July	20.00	91.00
17			262015	July	40.00	131.00
16			262016	July	30.00	161.00

MEDICAL

DATE OF ISSUE	PAYER NAME	CHECK OR BILL PAYMENT	AMOUNT
------------------	------------	--------------------------	--------

COLLECTOR REQUESTS WANTED

ALLOCATED EXPENSE

Ward 107 - 1st floor 1173600 143
Ward 108 - 2nd floor 1173600 143

PAYMENT CONTINUATION

AMOUNT	DATE	AMOUNT	DATE	AMOUNT

*CARRY THIS TOTAL FORWARD

ALLOCATED EXPENSE - PAYMENT CODE 3

*CARRY THIS TOTAL FORWARD

*CARRY THIS TOTAL FORWARD

NOTATIONS, AND STAMPS

CLAIMANT'S CHANGE OF ADDRESS

1.	STREET ADDRESS	CITY AND STATE
2.		
3.		
	698	

POLICY NUMBER						CLAIM NUMBER				
CO.	INCURRED DATE	LINE	ST.	DIV.	MO/YR	SERIAL	DIV.	LTR.	SERIAL	CLASS.
1	10-07-66	000	04	20	210	056370	02	X	203445	0037
										CONV.
ALTFILLISCH CONSTRUCTION CO., INC. Box 159B Rte. #1, Corona, Calif.										EMP. ADDR.
Miller & Aches of Calif. 3625 W. 6th St. Los Angeles, Calif.						ACC. DATE	T V P E X L G	R E F L D	PREG. CODES	DAY
						09-25-66	0130	5715	EW	
						01-01-66			POL. TERM	
SIRIAN, SIRIAN c/o Rte. 1 Box 159B Corona, California lsc. up chin b/c						MATURE	thrown off horse			PART
										CAUSE
										LOCATION
										DOCTOR
Richard A. Nelson Hammer St., Norco, Calif.										ADDRESS
INDEMNITY		MEDICAL	ALLOC.			TOTAL		COMPENSATION RESERVES		
2200		250	250	oo	2700	oo				

CLAIM CLOSING ADVICE

TO TABULATING DEPARTMENT

	OLD RESERVE	NEW RESERVE
Indemnity	\$ 2200	\$ 2000.00
Medical	250	790.85
Allocated	350	343.40
Total	\$ 3300	\$ 3,134.25

Date 4-12-68 Division 699

MCLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028

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JOHN F. MCLAUGHLIN
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RAY B. CUMMING

HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS

GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

April 1, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

Re: Your Claim No. 02X-203445
Sirhan Sirhan vs. Altfillisch Construction Company,
Inc.

SERVICES RENDERED:

Review of the file; preparation and filing of Answer to the Application; conference with the sub rosa investigator and review of pictures; trial and appearance before the Workmen's Compensation Appeals Board at Los Angeles on February 7, 1968; settlement negotiations; preparation and filing and serving of a Compromise and Release Agreement; closing report.

\$170.00

COSTS:

Photostats

APR 15 1968

3.00

CHK. NO. 263280
AMOUNT \$173.00

TOTAL:

\$173.00

[Handwritten signatures and initials over the bottom right corner]

700

MC LAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

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LOS ANGELES, CALIFORNIA 90028

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HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

April 1, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

Attention: J. D. Stiner, Claims Examiner

Re: Your Claim No. 02X-203445
Sirhan Sirhan vs. Altfillisch Construction Company,
Inc.

Dear Sirs:

The Referee has approved the Compromise and Release Agreement in the above-entitled matter and has ordered distribution at \$1,705.00 to the applicant, \$200.00 to his attorneys, \$50.00 to Dr. Maurice W. Nugent and \$45.00 to Leonard J. Yamshon, M.D.

The Order of the Referee should be complied with by your company.

We are at this point closing our file and submitting our statement for services rendered.

Very truly yours,

MC LAUGHLIN, EVANS, DALBEY & CUMMING

John F. McLaughlin

By: John F. McLaughlin

JFM:cjz
Enclosure

701

4/1/68
E

COMPUTATION OF AWARD

CLAIMANT	Sister Sister		DATE INJ.	9-25-66	CLAIM NO.	7205445
TYPE OF AWARD	A TEMP. TOTAL DIS.	NO. WEEKS AWARDED	\$			
TEMP.	B TEMP. PARTIAL	NO. WEEKS AWARDED	\$			
P.D.	C PERM. DISABILITY	% WEEKS AWARDED	\$			
DEATH	D DEATH BENEFIT	\$ BURIAL \$	\$			
SETTLE.	E SETTLEMENT	1/4 R of 3-27-1967	\$ 2,000.-			
CONTIN.	F MEDICAL		\$			
	G LEGAL		\$			
	H GROSS LIABILITY		\$ 2,000.-			

DUE CLAIMANT TO DATE PER IAC			
TEMP. DIS.	WEEKLY RATE	FROM	TO
TEMP. PARTIAL	WEEKLY RATE	FROM	TO
PERM. DIS.	WEEKLY RATE	FROM	TO
DEATH BENEFIT	WEEKLY RATE	FROM	TO

SETTLEMENT				

ATTORNEY NAME & ADDRESS		GROSS DUE NOW	\$
<i>Palmer & Toomer 167 North Marconi Ave. Pasadena, California</i>			
		LESS PREV. PAID	\$
		SUB-TOTAL	\$
		LESS ADVANCES	\$
		SUB-TOTAL	\$

CHECK #	262017	LESS ATTORNEY FEE	\$ 200 -
---------	--------	-------------------	----------

PAYEE & ADDRESS		SUB-TOTAL	\$
<i>Maurice W. Thigent, M.D. 1127 Wilshire Blvd. La. California</i>			

CHECK #	262014	LESS U.C.D.	\$ 50 -
---------	--------	-------------	---------

PAYEE & ADDRESS		SUB-TOTAL	\$
<i>Howard Johnson, M.D. 224 N. Normandy La.</i>			

CHECK #	262015	LESS	\$ 45 -
---------	--------	------	---------

PAYEE & ADDRESS		SUB-TOTAL	\$

CHECK #		LESS	\$

SELF-PROCURED MEDICAL	\$	PAY AS COMP.	MED.	BALANCE DUE CLAIMANT	\$ 1,405. -
		CHECK #	702		

CLERK & DATE	<i>John H. J. 4/13/68</i>	EXAMINER & DATE	<i>4/13/68</i>	CHECK #	262013	CLM-376-R2
--------------	---------------------------	-----------------	----------------	---------	--------	------------

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS

WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

203445

SIRHAN B. SIRHAN,

CASE NO. 67 LA 312-184

Applicant

vs.

ALTFILM-TECH CONSTRUCTION
COMPANY, a corporation;
ARGONAUT INSURANCE COMPANY,
a corporation;

Defendants

Order Approving
Compromise and Release

The parties to the above-entitled action have filed a Compromise and Release herein, on March 16, 1968 settling this case for \$ 2,000.00 in addition to all sums which may have been paid previously, and requesting that it be approved; and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved; and,

IT IS ORDERED that said Compromise and Release is approved.

Award is made in favor of: SIRHAN B. SIRHAN

Against: ARGONAUT INSURANCE CO., a corporation, of \$2,000.00,

Payable as follows: \$1,705.00 to applicant

200.00 to Palmer & Tochner, attorneys

50.00 to Maurice W. Nugent, M.D.

45.00 to Leonard J. Tashian, M.D.

OK TO PAY J. J. J.

DATED AT LOS ANGELES, CALIFORNIA

March 27, 1968 (S. B. A. I.)

KENNETH A. LACKMAN
Referee, WORKMEN'S COMPENSATION APPEALS BOARD

ERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD
Date: 3-27-68 By: R. C. (S. B. A. I.)

703

MCLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028
(213) 466-8541

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HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

March 13, 1968

Workmen's Compensation Appeals Board
107 South Broadway
Los Angeles, California

Re: SIRHAN SIRHAN vs. ALTFILICH CONSTRUCTION COMPANY
WCAB File No. 67 LA 312 144

Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- (XXX) Attached please find duly-executed Compromise & Release for your approval.
- () Request is hereby made for further hearing to permit cross-examination of and presentation of rebuttal evidence.
- () Please enter our appearance as attorneys for
- () Please set case for trial as there are now issues in contest.
- () Attached for filing herein are:

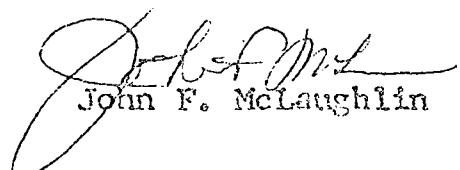
Copies to:
Palmer & Toomer
16 No. Marengo Ave.
Pasadena, California

Argonaut Insurance Company
#02X-203445 L.A.

Very truly yours,

MCLAUGHLIN, EVANS, DALBEY & CUMMING

By:


John F. McLaughlin

704

ss

MC LAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

JOHN F. MC LAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING

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NED L. GAYLORD
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GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213
TELEPHONE
466-8541

March 10, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

ATTENTION: J. D. Stiner - Claims Examiner

RE: Claim Number: 02X-203445
Sirhan Sirhan vs. Altfillich Construction Company, Inc.

Dear Sirs:

The above matter came on for further hearing before Referee Ernest Lachmann at Los Angeles on February 7th of 1968. The applicant was present and represented by his attorney.

The issues were:

- (1) Disability
- (2) Apportionment
- (3) Lien claim of the various doctors
- (4) Reimbursement under 4600 of the Labor Code
- (5) Need for further medical treatment

Settlement negotiations were undertaken at the suggestion of the Referee and an offer of settlement was made at the sum of \$2,500.00 which after consultation with your company, was rejected.

The matter was then taken at the Referee's suggestion to the Permanent Disability Rating Bureau where the Permanent Disability Rating Expert, Daniel Lucien rated the matter at 1% for the scar on the chin and the eyes on the report of your doctor, Dr. Albori, and upon Dr. Yamshon's report, the case rated 15% plus the 1% or a total of 16%.

After further settlement negotiations, it was finally agreed to settle the case for the sum of \$2,000.00. The applicant apparently is still being treated by Dr. Kiehn to whom your company sent him for an examination and who apparently continued to treat him. It was agreed that we would assume in addition to the \$2,000.00, the amount of the doctor's

Argonaut Insurance Company
Page Two
March 10, 1968
ATTENTION: J. D. Stiner

RE: SIRHAN SIRHAN

bill. This was discussed with your Miss Jean Stiner and based upon the recommendation of this office and concurrence of your company, it was agreed to settle the case for \$2,000.00.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

By: 
John F. McLaughlin

JFM:ic

E. GORDON KIEHN, M.D.
EYE PHYSICIAN & SURGEON
48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

REG. NO. 8423

TEL. 449-6494

CALIFORNIA STATE LICENSE NO. O.A.14113.

★ Argonaut Insurance Companies
1001 Wilshire Blvd.
Los Angeles, California

Re: Mr. Sirhan Sirhan

DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE - CANCELLED CHECK IS YOUR RECEIPT

DATE	R.V.S.*	SERVICE CODE	FEES	CREDITS	BALANCE
				PREVIOUS BALANCE	
10-27-67	5400		\$27.50		
10-27-67	0001		16.50		
11-10-67	9004		5.50		
11-17-67	9004		5.50		
11-24-67	9004		5.50		
12-4-67	9004		5.50		
12-11-67	9004		5.50		
12-18-67	9004		5.50		
1-2-68	9004		5.50		
1-16-68	9004		5.50		
1-23-68	9004		5.50		
11-3-67	9004		5.50		

*M. Gordon Kiehn, M.D.
Mr. Sirhan Sirhan
offset 2/21/68
\$99.00*

E. GORDON KIEHN, M.D.

48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

PAY LAST
AMOUNT IN
THIS COLUMN

EXPLANATION OF SERVICE CODE:

9000 Initial Office Visit	SURGERY	5630 Retina Reattachment
9001 Initial Office, Diagnostic	5420 Goniotomy	5641 Muscle Surgery
9004 Return Visit-Treatment	5421 Enucleation	5691 I&D Lid Abscess
9005 Office Visit, Special	5431 Suture of Globe	5702 Chelazion
9010 Home Visit	5448 Foreign Body Removal	5727 Blepharoptosis Repair
9014 Follow Up Home Visit	Cornea under Slit Lamp	5730 Cautery Puncture Entropion
9020 Initial Hospital Visit	5457 Ptterygium	5731 Ectropion Repair
9024 Follow Up Hospital Visit	5472 Keratoplasty Penetrating	5732 Entropion Repair
9074 Office Visit, Night Holiday	5481 Suture of Perf. Cornea	5743 Suture of Conjunctiva
9029 Consultation	5491 Sclerotomy IO Foreign Body	5753 Excision Conj. Lesion
9031 Consultation by Report	5495 Posterior Sclerotomy	5775 Conj. Flap Operation
5400 Eye Exam Refraction	5521 Repair Scleral Wound	5821 Cath. Nasolacrimal
5402 Gonioscopy	5541 Excision Iris Lesion	Duct
5406 Orthoptic Evaluation	5544 Iridectomy	5831 Plastic Repair of
5408 Visual Fields	5561 Repair Prolapsed Iris	Canalicula
5409 Tonography	5571 Iridencleisis	5833 Dacryocystorhinostomy
5410 Glaucoma Provocative,	5580 Cyclodiathermy	5846 Probing of Irrig.
Mydriatic Study	5582 Cyclodialysis	of Canaliculus
5412 Fitting Contact Lenses	5611 Cataract Extraction	6993 Assist at Surgery

* RVS column for Insurance Purposes Only

DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.

Monthly statements are POSITIVELY required on cases under treatment.

Mail to Argonaut Insurance Companies Address 1001 Wilshire Blvd., L.A.

Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Altfilisch Const. Company

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY 9-24-66

SERVICES FOR MONTH OF 10, 11, 12-67, 19
1-68.

Patient refused treatment 19

Patient able to return to work 19

Patient stopped treatment

Patient discharged as cured 19

without orders 19

Condition at time of last visit See attached report.

Patient entered hospital 19

Any other charges authorized such as Drugs? Hospital?
(Check) (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Oct. 67																													0		
Nov. 67	0							0									0								0						
Dec.	0							0									0								0						
Jan. 68	0																0								0						

Totals

First aid treatment (describe) \$

Office Visits Please see attached billing. \$

Home Visits \$

Hospital Visits \$

Operations \$

MATERIAL (Itemized at cost) \$

TOTAL \$ 99.00

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor E. Gordon Kiehn, M.D.

Signature

Address 48 N. El Molino Ave., Suite 203
Pasadena, California 91101

Date 2-15-68

E. Gordon Kiehn, M.D.

SUITE 203

48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101

TELEPHONE 449-6494

February 15, 1968

Argonaut Insurance Companies
1001 Wilshire Blvd.
Los Angeles, California

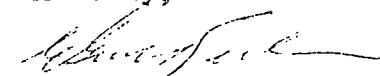
Re: Mr. Sirhan Sirhan

Gentlemen:

Thank you for the reports of Dr. Tashma and others regarding this interesting patient. I must admit that I will have to agree with Dr. Tashma regarding the functional overlay in this particular patient. However in re-checking him and seeing what his situation was I found that he had a loss of accommodative power in the left eye of approximately two to three diopters. I felt that possibly some of the pain in the left eye was due to a spasm of accommodation and in order to test this out I placed him on drops of Hyocine $\frac{1}{2}\%$. When it was found that this indeed helped his pain I placed him on this, putting a drop in at weekly intervals and then stopping the drop and seeing how he got along. His pain was relieved a great deal but recently he has again started having a little bit of it so he was placed on another drop of Hyocine. I think that the time interval between drops is gradually decreasing and it should not be long before he would be completely off of that medication. The small tight band toward the inner part of the eyelid in the epicanthal fold is a problem apparently which bothers him but which I have been unable to really adequately evaluate. It is difficult to separate that which is functional and that which is real in this patient. I would suggest that in order to be absolutely sure it might be well for him to see an ophthalmic plastic surgeon, someone like Dr. Hartman in Los Angeles.

I trust this will give you an interim report on this patient, and I am hoping that soon he will be able to get back to work.

Sincerely,


E. Gordon Kiehn, M.D.

EGK:ra
Encl

711



TO E Gordon Kieda, M.D. AT

SUBJECT Arthur Sinker DATE 2-23-68
2 Y-203445

This will confirm my telephone conversation with your secretary on 2/8/68. A hearing was held and the case settled. He will not be responsible for any Case after this date.

ARGONAUT INSURANCE

PLEASE REPLY TO #

SIGNED

Use Reverse Side for Your Reply

712

AT

EARL H. LAFFOON

INVESTIGATIONS
1833 WEST 8TH STREET - SUITE 210
LOS ANGELES, CALIFORNIA 90057
Hubbard 3-6943

INVOICE #: 208-4503

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

DATE: February 2, 1968

L

DATE WORKED 1/26.25/68

CASE: RE: SIRHAN B. SIRHAN vs
M NO: Altfillish Construction Co
2X 203445
L-3191

1] $\frac{1}{2}$	HOURS-DAY OF SURVEILLANCE	AT	\$8	PER DAY-HOUR	\$ 92.00
	HOURS-DAY OF INVESTIGATION	AT		PER DAY-HOUR	\$
	MAG. ROLLS OF 16MM EASTMAN B&W FILM	AT		A ROLL	\$
1]	MAG. ROLLS OF 16MM KODACHROME FILM	AT	\$10	A ROLL	\$ 10.00
	COURT OR W.C.A.B. HEARING				\$
OTHER	1 $\frac{1}{2}$ minimum car expense @ \$9/day (days)				\$ 13.50
	office expense	MILES AT	CENTS PER MILE		\$ 6.00

EXPENSES: _____ **NOTE:** _____

NOTE: _____

Red Top TELEPHONE \$.90

69.90

Scallop **MEALS**

MEALS

PARKING ZONES

Total \$ 170.40 D A/T 40% D
FEB 13 1968 238519

FEB 13 1968

OK. NO. 23816 /
AMOUNT \$170.40

TOTAL 7.13 \$ 122.40
- 41.00

Thank You!

CARL H. LAFPOON

INVESTIGATIONS
1833 WEST 8TH STREET - SUITE 210
LOS ANGELES, CALIFORNIA 90057
Hubbard 3-6943

INVOICE #: 208-4538

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

DATE: February 7, 1968

DATE WORKED 2/7/68

CASE: SIRHAN B. SIRHAN vs.
Altfillish Const. Co.
CLAIM NO.: 2X 203445
L-3191

HOURS-DAY OF SURVEILLANCE	AT	PER DAY-HOUR	\$
HOURS-DAY OF INVESTIGATION	AT	PER DAY-HOUR	\$
MAG. ROLLS OF 16MM EASTMAN B&W FILM	AT	A ROLL	\$
MAG. ROLLS OF 16MM KODACHROME FILM	AT	A ROLL	\$
COURT OR W.C.A.B. HEARING			\$ 45.00
OTHER office expense			\$ 1.50

 MILES AT CENTS PER MILE \$

EXPENSES: HOTEL \$

TELEPHONE \$

MEALS \$

PARKING FEES 1.50 \$ 1.50

7 JQAL..... *feel* \$ 48.00

Thank You!

~~RUSH~~

ZONE NO. 4

CLAIM NO. 3X 213545

ASSURED Geffenbach & Co.

RESERVE

CLAIMANT John Kishkin

EXAMINER John Kishkin

DELIVER TO _____

DATE & TIME REQ. 3-7-68

IF NOT FOUND BY _____
NOTIFY REQUESTING EXAMINER.

NOTES:

Delivery John Kishkin

Dr. Kishkin

Little Zoo

RUSH

ZONE NO. A

CLAIM NO. 2X-203445

ASSURED Alffilish F

RESERVE

CLAIMANT Silken Silken

EXAMINER Jean Steiner

DELIVER TO "

DATE & TIME REQ. 2-7-68

IF NOT FOUND BY _____
NOTIFY REQUESTING EXAMINER.

NOTES:

Hearing John McLaughlin

Jr. Kieln

2/7/68 - Spoke to Dr. Kieln's office today.
He treat he has continued from
10/1/67 to see & treat this client at least
Once a week. I don't know what
our responsibility is to be made app.
to Dr. Kieln - Our own was in file
plus applicants. 2/18/68

ARGONAUT INSURANCE

TO Floris FROM Diggs DATE 3/17 1967

INJURED Sirhan Sirhan POLICY # _____

INSURED _____ POLICY TERM _____

CONVERSATION WITH Galler McLaughlin CLAIM # X 203 445

\$ 85.00 - Red legal

\$ 25.00 -

No dry -

J.W. Richn