

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

SIRMAN B. SIRMAN

Case No. 671A 312 144

NOTICE OF HEARING

203445
Applicant

vs.

GENITA VINTI AND RIO

AEGONAUT INSURANCE COMPANY, a corporation

Defendant

You are hereby notified that an application for compensation has been filed with the Workmen's Compensation Appeals Board of the State of California. You are further notified that said application has been set for hearing at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

OCTOBER 2, 1957

9:00 A.M.

and that at said time and place the Workmen's Compensation Appeals Board will proceed to hear and dispose of the said application in the manner prescribed by law.

WORKMEN'S COMPENSATION APPEALS BOARD

By

Aug 17/67
C. L. BREWER COFF

Dated at: Los Angeles, California

NOTE: The parties are expected to submit all disputed issues for decision at this hearing. All witnesses, evidence, medical reports, payrolls and other proof must be available at the hearing. CONTINUANCES WILL BE GRANTED ONLY UPON A CLEAR SHOWING OF GOOD CAUSE. Requests for continuances are to be made within 5 days of the date of this notice.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD
Date: By:

9/6/57

W. K. KENNEDY

772

ARGONAUT INSURANCE

INJURED Airhau Sirkhan FROM Jean DATE 8-15 1967
INSURED Allied Const Co. POLICY #
CONVERSATION WITH Exercise Bay POLICY TERM
CLAIM # 203445

Dr. Ishmael - Callerd

Nothing wrong with this fellow

113-780

August 18, 1967

Sayles, Sherman
630 East Howard St.
Pasadena, Calif.

CORR SIGHTS
AUTOMOTIVE CONSTRUCTION CO.
SEVEN ELEVEN
9/25/66

September 5, 1967 - Tuesday

4:00 P.M.

Fernand L. Johnson, M.D.
327 West 6th Street
Los Angeles, Calif.
RE 2-6262

J. R. BREWER

cc: Palmer & Cooper

cc: Molony, Drake, Dally & Gandy

cc: Dr. Ferrier, Johnson

P.S. Attached find copies of our medical reports.
In checking the Doctor he told me it would appear
on his reports if the man was unconscious

PLEASE FORWARD YOUR COPIES OF YOUR REPORT.

INSURANCE REPORT BY MEDICAL REC'DS

X 26

DISCHARGE DATE 9-26-66 CASE NO: 7988

PATIENT NAME: SIRHAN, SIRHAN DOCTOR: R. Nelson

FINAL DIAGNOSIS: Multifile contusions, abrasions & lacerations -
Foreign bodies in eyes

COMPLETE NAMES OF OPERATION: Suturing of lacerations

DATE OF PROCEDURE: 9-25-66

SURGEON: R. Nelson ASSISTANT: _____ ANES: _____

ANESTHETIC: START _____ OPERATION: START _____

STOP _____ STOP _____

COMPLETED BY: R. Nelson, Jr. - Clerk Off 8/21/67

10-6-66

782

BENJAMIN E. HERNDON, M.D.
RICHARD A. NELSON, M.D., F.A.C.S.
JOHN WM. SCHNEPPER, M.D.
760 SOUTH WASHBURN
CORONA, CALIFORNIA 91720
(714) 737-5892 — (714) 688-8731

August 3, 1967

Argonaut Ins.
443 Shatto
Los Angeles, California 90005

Attn: Mrs. Steiner

Re: Sirhan Sirhan

Dear Mrs. Steiner:

In checking with Dr. Nelson in regards to sending you additional information on the above named patient, he tells me that we are unable to do so without the written consent by Mr. Sirhan. If you would send us his consent then we can send you the information you need provided we have it on hand.

Thank you,

K. Coffey
K. Coffey

783
Att'y J. S. [illegible]

AMBULANCE NO. 1

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

APPROVED

REPORTED

ER 4045

NAME John L. Johnson
 ADDRESS 116 15th St.
 CITY Corona
 SEX M
 DATE OF BIRTH 11/14/31
 PHONE 214-3121
 SOCIAL SECURITY NO. 111-11-1111
 RESPONSIBLE PARTY Self
 ADDRESS 116 15th St.
 EMPLOYER W.M. Co.
 ADDRESS 116 15th St. Rm. 101, Corona
 INSURANCE CO. None

ADDRESS None
 GROUP NO. None
 CERT NO. None

ACCIDENT (NATURE, DATE, WHERE)

Industrial accident, was riding race horse when he ran into fence and fell, sustaining injuries as follows:DATE 11/14/67 TIME 11:00 P.M.

CHIEF COMPLAINT

Industrial accident, was riding race horse when he ran into fence and fell, sustaining injuries as follows:

TREATMENT

Nasal bridge
Left eye

Laceration of left upper lid (medial)
 Bilateral sand foreign bodies in eyes
 Laceration of chin, complex, 5 cm total
 Large contusion of dorsal neck
 Contusion of left hand
 Multiple abrasions.

HYPERTET given

EMERGENCY ROOM CHARGES	15.00
Suture set	2.00
Nasal bridge	2.00
Hair	1.00

PROFESSIONAL FEE

	SUB TOTAL
AMAY	17.50
DRUGS	25.00
1. Blood	15.00
2. Urine	12.50
3. ECG	2.00

LABORATORY

TOTAL	91.50
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NURSES SIGNATURE	See attached
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DISPOSITION Hospitalized

PHYSICIAN Richard A. Nelson, M.D. MD

CONSENT FOR TREATMENT

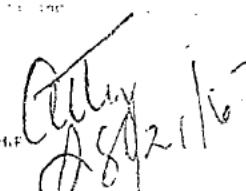
I, being that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to all diagnostic procedures and/or medical, surgical or x-ray treatment as is deemed necessary, in the judgment of the attending physician. I acknowledge that no guarantees have been made to me as to the results of the treatment, examination or the results of any procedure or test. I also acknowledge that no guarantee is given as to the cost of my treatment, but that I will be charged only for services actually rendered, otherwise payable to me by the hospital, plus a gratuity if I consider it appropriate. I understand that I may refuse treatment, such treatment up to and including surgery, and my refusal will not affect my right to future medical care, although the hospital may require payment for services rendered.

PATIENT

REASON NOT SIGNED BY PATIENT

Signed for
Patient by

RELATIONSHIP



791

ALBERT TASHMA, M. D.
6753 HOLLYWOOD BOULEVARD
LOS ANGELES, CALIFORNIA 90028
TELEPHONE 466-4285
OPHTHALMOLOGY

August 18, 1967

Argonaut Insurance Company
1001 Wilshire Boulevard
Los Angeles, California

Attention: J. D. Stiner

Re: Sisken Sisken
Claim: 02X 203445
Our file: 67-1001

Dear Sirs:

At the request of the carrier the above named patient was examined by me on August 15, 1967.

PRESENT ILLNESS

The following is an account of an accident which occurred on September 25, 1966 at 8 A. M.

"The morning of the said date I was breaking a filly. In other words, I was asking her to run as far as she could. I was riding the horse. It was a very foggy morning that day. A few seconds after I had started the filly I was down. She threw me. I don't know how I fell, when, everything went blank. The people who were watching me couldn't see what happened due to the fog. I was taken by ambulance to the hospital, Corona Community Hospital. I was treated by Dr. Richard Nelson. He had applied some stitches to what he claimed was excessive bleeding. He applied about three to the lower side of my chin, and I don't know how many in the left eye. They took a series of x-rays, and at that time I was not fully conscious. I started to come to, when I felt the coldness of the platform or table they had put me on. I realized something was wrong with my eyes at the moment I started to come to. When he started to insert the stitching

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Sirhan
3/18/67

PRESENT ILLNESS cont'd:

needle in my eye and I more or less was much against that. I didn't like the stitch to be put there. He insisted that it was necessary. I didn't know the gravity of the wound, but I thought it wasn't necessary to be stitched. I couldn't see myself, and he just told me it was necessary. He wanted to keep me in the hospital for a week, but I didn't like the idea. I did stay overnight."

As the history will indicate, the patient rambled a bit. I asked the patient what he knew about sand being in his eyes after the accident and this was his reply.

"Dr. Nelson- when he put the stitches in my eye I couldn't open the eye to see anybody due to the sand in my eye. I had to tell Dr. Nelson to remove the sand, but he told one of the nurses afterwards and she took care of that."

With regard to the subsequent treatment received, the patient was a little vague. Having reviewed the medical file, it was apparent that the patient had been treated for a short period of time and discharged by Dr. Nelson, and he then returned to Dr. Nelson with complaints, and the latter referred him to an eye, ear, nose and throat specialist, Dr. Paul Nilsson. When I asked the patient about this point, this is what he said.

"They were trying to arrange that date, appointment date, between Dr. Nelson and Dr. Nilsson, then we had to o.k. that through the office which took about two weeks or so. It was a matter of trying to get an agreement. Dr. Nelson apparently considered me discharged because when I went down to see him again he instructed his secretary to contact the company to reopen the account, and he did not act or treat me after that until he received the o.k. from the company."

The patient further stated:

"Dr. Nilsson didn't do anything. He just put some instruments in my ear and up my nose and gave me some pills which really didn't do a thing. He referred me to the specialist, Dr. Milton

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Sirhan
8/18/67

PRESENT ILLNESS cont'd:

Miller. He again gave me tests and didn't do anything as far as treatment. I was under his care three or four visits. About a month later he said I should see Dr. Kiehn, because I told him I had moved from Corona and back to my original address.

First of all he (Dr. Kiehn) asked if there were any broken bones in this region. I told him I did not know. He ordered x-rays taken. He gave me a small tube of some lubricant and that was a sample type, and I used it, and it ran out within a week. It didn't seem to help much. He didn't say anything at all."

I also asked the patient about the recommendation of Dr. Kiehn that he be seen by a neurosurgeon named Dr. Robert Fiskin. The patient summarized this situation in the following way:

"That was a very abortive attempt by Dr. Kiehn. I waited three months after Dr. Kiehn told me. It hasn't come. I never saw the neurosurgeon. I never received the notice from the insurance company. He (Dr. Kiehn) hasn't discharged me, he said until I see the neurosurgeon, and as yet I have not seen him, so how can I go back to him."

With regard to the patient's present symptoms, he alleges the following:

"Very much facial discomfort. The eye I can't rotate it, too tight. I can't look in both directions as I used to, depending on the position of my head. I can't shift the gaze back and forth. I never did complain about the vision. I seem to fail the side vision."

The patient further indicated that there had been no improvement in his condition since his accident.

PAST HISTORY

The patient denies any history of a significant eye injury or disease prior to the above date of injury.

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3/18/67

PAST HISTORY cont'd:

According to the patient an unrestricted Motor Vehicle Operator's license was issued to him in 1965 in Pasadena, California.

FAMILY HISTORY

The patient denies any familial history of ocular disease.

REVIEW OF MEDICAL FILE

The following records were submitted for my review at the time of examination.

1. Doctor's First Report of Work Injury dated October 6, 1966, Richard A. Nelson, M. D.
2. Doctor's First Report of Work Injury, November 6, 1966, Richard A. Nelson, M. D.
3. Doctor's First Report of Work Injury, November 22, 1966, Paul Nilsson, M. D.
4. Doctor's First Report of Work Injury, April 3, 1967, E. Gordon Kiehn, M. D.
5. Letter to Argonaut Insurance Company, April 4, 1967, E. Gordon Kiehn, M. D.
6. Letter to Argonaut Insurance Company, October 26, 1966, Richard A. Nelson, M. D.

The initial report of Dr. Richard A. Nelson indicates that the injury was limited to a small laceration of the left upper eyelid. In addition there was edema in both eyes. Subsequent evaluation by Dr. Nilsson confirmed these findings and failed to demonstrate the presence of any significant ocular injury.

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REVIEW OF MEDICAL FILE cont'd:

The report of Dr. Kiehn is in general negative, however, he comments on an "inconstant" constriction of the visual field and in addition refers to a fibrotic band in the left upper eyelid which he feels maybe the cause of the patient's ill defined symptoms. He further intimates that this condition might require surgery.

There are no other ophthalmological reports of significance in the file.

EXAMINATION

Vision 20/20 Near: J-2 (Right eye)

 20/20 J-2 (Left eye)

External Structures: There is no apparent scarring of either eyelid. The ocular adnexae and globes are grossly negative.

Extra Ocular Muscles: Grossly intact. No diplopia demonstrated.

Pupils: Round, regular and equal with normal reactions.

Tactile Tensions: Both eyes: Not elevated.

Fundi: The pupils were dilated; the fundi were studied with both direct and indirect ophthalmoscopy. They were found to be consistent with the stated age (23).

Slit Lamp: Cornea, anterior chamber, lens, and anterior vitreous not remarkable.

Refraction: No significant refractive error demonstrated.

Visual Field Screening: The visual fields of this patient were investigated using four different methods. Initially the patient was checked with the visual field screening device which indicated the right eye was normal and the left eye had some peripheral constriction.

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8/13/67

EXAMINATION cont'd:

Visual Field Screening cont'd:

The examination was then repeated at the tangent screen using both the 4/1000 and 2/1000 white targets. This demonstrated marked constriction of both visual fields, but more so in the left eye than in the right. It should be noted that the amount of constriction with the two different targets was not proportional to the size of the target used. The examination was then concluded using the standard perimeter. This test showed moderate constriction of the right field and marked constriction of the left field. When the various fields are compared, it is obvious that the results are highly inconsistent and in no way could be related to any organic process involving either the eyes or the intra-cranial visual pathways.

Stereopsis: Patient has normal binocular function.

DIAGNOSIS

Essentially normal eye examination.

COMMENTS

Based on my examination, the history obtained, and the medical records presently available, I do not believe that this patient sustained any permanent disability as a result of the accident of September 25, 1966.

The injury to the left upper eyelid referred to in other medical examination is not demonstrable at the present time, and I strongly advise against any attempt to resort to surgical intervention. This patient, in my opinion, has the right combination of factors to warrant extreme conservatism in utilizing any therapy of this nature. Namely he has no ptosis

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Sirhan
8/18/67

which are not organic in origin, and in addition has no proof whatsoever that any foreign material is retained in the left orbital area.

With regards to the symptoms alleged by this patient, there is nothing whatsoever in the patient's examination to substantiate a claim of an organic injury. As noted above, nearly all the subjective tests of visual function have clearly demonstrated a pattern of inconsistency which negates the possibility of any injury to the eyes or the intra-cranial visual pathways.

CONCLUSIONS

As a result of the above reported injury this patient did not sustain a permanent disability involving his eyes. No further medical treatment is indicated as the patient's condition is not industrially related.

I wish to thank you for this referral; should there be any unanswered questions regarding this case, please do not hesitate to call on me.

Very truly yours,

Albert Taskin, M. D.

AT/ks
Encl.

ARGONAUT INSURANCE

FROM *Janet*

DATE *8-16*

19

67

INJURED _____

POLICY # _____

INSURED _____

POLICY TERM _____

CONVERSATION WITH _____

CLAIM # *TX-203445*

*Dr. Garner will not
take 1st Exam Only*

Ray Cummings ^{AT} 7-28-67
McGrawhills Exams
SUBJECT DATE
Tulare Turlock 10' Altfillisch Const. Co. Inc.
28-203445

Yours of 7/24/67 re Coverage. - Insured
Fruit Stock farm @ Citrus & ~~Construction~~
& Cleveland Dues in Tulare, Calif.
He is engaged in the operation of a
free horse thoroughbred farm. The policy
is Altfillisch Construction Company, Inc.
There is no DBA.

- 793 - ARGONAUT INSURANCE

PLEASE REPLY TO:

SIGNED

Use Reverse Side for Your Reply

AT

ARGONAUT INSURANCE

TO _____ FROM _____ DATE 7-27 1967
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # _____

714-737-5897 - Dr. Nelson

No indications on records that the man was unconscious - she also checked the Hospital. She will talk to Dr. Nelson & send us a note to this effect.

b.

794

ARGONAUT INSURANCE

TO Dobkins FROM _____ DATE 19
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # _____

Please return file to Eyer, for

Spec. Exam ✓
W.C.A.B.

Letter to assigned ✓
Request

Sub records

795

MCLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

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

JOHN F. McLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING

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

July 20, 1967

20244/5

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

Re: SIRHAN SIRHAN v. ALFELLSCH CONSTRUCTION COMPANY
WCAB File No. Appl. dated: July 10, 1967
Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- () 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.
- (XX) Please enter our appearance as attorneys for ARGONAUT INSURANCE COMPANY
- () Please set case for trial as there are now issues in contest.
- (XX) Attached for filing herein are: MEDICAL REPORTS:

E. Gordon Kiehn, M.D.	April 4, 1967
E. Gordon Kiehn, M.D.	April 3, 1967
Paul Nilsson, M.D.	November 22, 1966
Richard A. Nelson, M.D.	November 8, 1966
Richard A. Nelson, M.D.	October 26, 1966
Richard A. Nelson, M.D.	October 6, 1966

ANSWER

Copies to: Very truly yours,

Palmer & Toomer
16 N. Marengo Ave., Pasadena

MCLAUGHLIN, EVANS, DALBEY & CUMMING

Argonaut Insurance Company
Claim No: 2X 2-3445

By: 798
Ray B. Cumming

J. B. C.
8/16/67

MCLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

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

AREA CODE 213
TELEPHONE
466-8541

JOHN F. MCLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING

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

July 24, 1967

Argonaut Insurance Company
4431 Shatto Place
Los Angeles, California

Attention: R. J. Robbins, Claims Examiner

RE: Sirhan Sirhan v. Granja Vista Del Rio

2X-203445

D/A: September 25, 1966

Gentlemen:

We have reviewed the above case referred to our office on July 20, 1967. We note the application lists the employer as Granja Vista Del Rio whereas the employer's report refers to Altfillich Construction Company. You have indicated you insured this particular construction company but did you also insure Granja Vista Del Rio?

If you do in fact cover this entity, then we recommend you immediately send a letter to the applicant advising him that all medical treatment is authorized by either Dr. Gardner or Dr. Weaver, or whomever you intend to use for this purpose. You should also advise him that any other medical treatment will be on a self-procured basis.

The application requests temporary disability indemnity but alleges only various periods of disability without specifying. We suggest you secure a report from applicant's superior as to whether or not he performed his regular duties after September 25, 1966, that is, if he continued to work for them.

If you wish to set up another examination with Dr. Garner, we can undoubtedly secure the applicant's attorney's cooperation in compelling his client to attend.

Very truly yours,

MCLAUGHLIN, EVANS, DALBEY & CUMMING

Ray B. Cumming
By: Ray B. Cumming

RBC:fg

ARGONAUT INSURANCE

TO _____ FROM *Jan O* DATE *7-27 1967*
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # *2X = 203445*

94-137-5375 - Laura Krause -
Clerk 9/25/66 - Rtu 10/5/66 as he was paid
3 days ending pay period 10/8/66
initial full back ending 10/15 - 10/22 - 10/29
11/5 + 11/12/66 - like 11/13/66 + she thinks want
to work for Mr. Wheeler @ Race Track.

TO PeyCanning McPugh & Evans
SUBJECT Slurkin Sizemore v. Altfillish-Fultons DATE 7-27-67
21-203445.

I'm attaching wage info from Insured
I called & spoke to Barbara Evans and
found that after 9/25/66 injury - she
returned to work on 10/5/66. She
worked full weeks ending 10/15/66
10/22 - 10/29 - 11/5 + 11/12/66. She left their
employ 11/13/66 & she thinks went to
work for Mr. Wheeler at the Beech Track
Dr. Gardner has never seen this Ch - the
Chpt was cancelled

ARGONAUT INSURANCE
PLEASE REPLY TO: SIGNED Phyllis
I Read Ch 6
GEN. 508R2 Use Reverse Side for Your Reply ATT 730
Inv No 78111



Argonaut Insurance Companies

July 29, 1967

Altfillisch Construction Company, Inc.
Box 159B, Route 1
Corona, California

Claim No.: OME 20916
Claimant: Clinton Stetzer
Date of Injury: 2/25/65

Gentlemen:

As you know, Mr. Stetzer has filed an application with the Workmen's Compensation Appeals Board, contending that as a result of his employment with your company, he sustained an injury to his left eye and lower back on 2/25/65.

In order for us to be able to defend your company in an adequate manner, there is certain information that we must request of you and ask that you submit same to us as soon as possible.

We would appreciate your submitting to us a complete employment record as to when Mr. Stetzer was hired, when he was terminated, if terminated, the reason for his leaving your company, the amount of wages he received in the period of time he was employed by your company, and what periods of time he worked for you subsequent to his injury of 2/25/65, and if you have any knowledge of a previous injury to his lower back or left eye.

In anticipation of an early reply, we thank you for your fine cooperation in the handling of this matter.

Very truly yours,

R. J. Robbins
Claims Examiner

RJR:JAF

cc: McLaughlin, Evans, Valley & Cumby

600-801

Granja Vista Del Rio

BOARDING
LAY UPS
SALES PREPARATION

BREAKING
TRAINING
YEARLINGS CONDITIONED



OFFICE (714) 737-5375 13200 CITRUS AVENUE CORONA, CALIFORNIA MAILING ADD.: RT. 1, BOX 1598

July 21, 1967

R. J. Robbins, Claims Examiner
Argonaut Insurance Co.,
1445 Shatto Place
Los Angeles, California 90005

Dear Mr. Robbins:

In answer to your letter, July 20th, we submit
the following:

Re/ Claim # 02X 203445
Claimant Sirhan Sirhan
Date of Injury 9/25/66

The Claimant was hired 6/2/66 @ \$250.00 per mo.

Raises:	6/26	@ \$275.00	" "
	7/31	@ \$300.00	" "
	8/21	@ \$350.00	" "
	9/18	@ \$375.00	" "

Total Wages Paid \$1797.56

Left employ 11/13/66 voluntarily for other em-
ployment.

Returned to work 12/1/66 voluntarily @ \$375.00
Left employ 12/10/66 voluntarily for other em-
ployment.

We have no knowledge of previous injuries.

Sincerely yours,
Kenneth Altfillisch
Altfillisch Construction Co.
BBA/ Granja Vista Del Rio
ACC/11k

July 21/67
J. B. J. / 18/67

LEGAL PREPARATION SHEET

CLAIM NO. 8-02X-203645

3/15/66

(DATE OF INJURY)

TOTAL MEDICAL PAID

350.10

CLAIMANT'S NAME SIRNAN, STEPHEN

TOTAL INDEMNITY PAID NCL

NAME OF ASSURED ALFILLISCH CONSTRUCTION CORP. WEEKLY RATE

PERIODS COVERED

ADVANCES on P.D. or C.&R.

Individual
 Corporation

Co-partnership
 Joint Venture

POLICY PERIOD 3/1/66-67

PRODUCER MILLER & ANES OF CALIF.

Apparent Reasons For Litigation
(CIRCLE NUMBER OF REASON BELOW)

1. Compensation not paid because of-
 - (a) No employer's report
 - (b) No doctor's report
2. Temporary disability terminated by doctor and claimant disagrees
3. Permanent disability prematurely claimed
4. Advisory rating for P.D. not acceptable
5. Further medical sought by employee
6. Injury A.O.E. and/or C.O.E.
7. Statute of limitations
8. Coverage for employer or this employee
9. Employment or employer identity disputed
10. Dependency or identity of dependents
11. Other

Preparation For Hearing

Date Hearing Set 7/10/67

IAC No. UNKNOWN LA

Date Application Rec'd 7/11/67

Date File Sent to Counsel 7-19-67

Has medical been filed with Commission and served?

Further medical:

1. Not necessary

2. You arrange

3. We have arranged

(a) By Dr.

(b) Date:

Is case otherwise ready for litigation?

REMARKS BY CLAIM EXAMINER:

We arranged one special exam and claimant filed the brief. He has apparently stopped working so we have a report of Dr. Kiehne who saw him last week and the date application was signed by a Dr. Smith. Also in this regard we have no report from Dr. Smith and request service of process with all relevant medical sources. Please forward to you by Argonaut Insurance Company.

(CLAIM EXAMINER)

(DO NOT WRITE BELOW THIS LINE)

Issues

1. Unidentified
2. Disability
3. Medical
4. Injury
5. Statute
6. Earnings
7. Occupation
8. Coverage
9. Employment
10. Dependency
- 11.

803

Time

Litigation Work Sheet

Witnesses

Date

PALMER AND TOOMER

ATTORNEYS AT LAW

CITIZENS BANK BUILDING
16 NORTH MARENGO AVENUE
PASADENA, CALIFORNIA 91101

TELEPHONE
796-2086
684-2032

ERNEST A. PALMER, JR.
ANNE P. TOOMER

July 10, 1967

WORKMEN'S COMPENSATION APPEALS BOARD
4107 Los Angeles State Office Building
107 South Broadway
Los Angeles, California 90012

Re: Sirhan B. Sirhan vs. Granja Vista Del Rio

Gentlemen:

Please file the items which have been checked below:

- () Original and 6 copies of Application.
() Please set this matter down for hearing.
() Please place this matter on an off-calendar basis.
() Certificate of Readiness.
() Medical report of _____, M.D., dated
_____, 19_____, together with his Statement
in the amount of \$_____, and his Notice and Request for
Allowance of Lien.
()

Copies have been served as indicated.

Very truly yours,

PALMER AND TOOMER

By _____

Anne P. Toomer

cc:

ARGONAUT INSURANCE COMPANY

ARGONAUT INSURANCE

TO	FROM	DATE	19 ⁶⁷
INJURED	Sirius P. Sicias	POLICY #	
INSURED		POLICY TERM	
CONVERSATION WITH Toome & Toome		CLAIM #	20-2145
Referred to Dr. Keene by Dr. Miller. (Dr. Keene - in Pasadena)	X Ann Toome		
			089-2030
Get a copy of Keens report			16 No Mornings
			Pasadena 91101
Sent Med. H. -	app. atty		

DO CAUSE APPEARING:
application herein
set off calendar.

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

APPLICATION
FOR ADJUDICATION OF CLAIM

CASE NO.

file signed original and six copies
not or type names and addresses

SIRHAN B. SIRHAN

(INJURED EMPLOYEE)

security No. [REDACTED]

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

VS.

JA VISTA DEL RIO

(EMPLOYER)

NAUT INSURANCE COMPANY

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR
PERMISSIBLY UNINSURED)

CLAIMED THAT:

The injured employee, born 3-19-44 (DATE OF BIRTH), while employed as a exercise boy (OCCUPATION AT TIME OF INJURY)
in 9-25-66 at Corona (CITY) California, (STATE) by the employer sustained injury arising out

of and in the course of employment to left eye, lower back (STATE WHAT PARTS OF BODY WERE INJURED)

The injury occurred as follows: thrown off filly while exercising her; breezing her
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
t full speed

Actual earnings at time of injury were: \$375 per month

(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)

The injury caused disability as follows: various periods

(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

Compensation was paid X (YES) (NO) \$ (TOTAL PAID) \$ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

Medical treatment was received X (YES) (NO) 4-6-67 (DATE OF LAST TREATMENT) All treatment was furnished by the employer or insurance

company X (YES) (NO) other treatment was provided or paid for by _____ (NAME PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are _____

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury (YES) X (NO)

Other cases have been filed for industrial injuries by this employee as follows: NONE

(SPECIFY CASE NUMBER AND CITY WHERE FILED)

This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent disability indemnity X Reimbursement for medical expenses Medical treatment X Compensation at proper rate X
Other Specify: _____ and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law.

Hearing requested at Los Angeles (CITY) Dated at Pasadena (CITY) California July 10, 1967 (DATE)

Number of witnesses Pre-trial wanted (YES) (NO)

Estimated time of trial _____

Set now X Set later on written request _____

SIRHAN B. SIRHAN

(APPLICANT'S SIGNATURE)

PALMER & TOOHEY ATTORNEYS
16 North Marengo Ave., Pasadena, Calif.

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

806 796-2086 & 684-2030

ARGONAUT INSURANCE

TO _____	FROM _____	DATE _____	19_____
INJURED _____	POLICY # _____		
INSURED _____	POLICY TERM _____		
CONVERSATION WITH _____	CLAIM # _____		

Call Weaver & Connell agent for 6/19/67

807

ARGONAUT INSURANCE

TO Gobbiis FROM DATE 6-21 1969
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # J-034415

Dr. Freeman's office calling about compact bill.

Being held in back of file.

Please advise.

ARGONAUT INSURANCE

FROM Pallino DATE 5/23 1967

INJURED Sirhan Sirhan POLICY # _____

INSURED _____ POLICY TERM _____

CONVERSATION WITH D. Weaver CLAIM # V 20305

Send resume to dr

Did not show for appt.

FOR THE ATTENTION OF

REPLY REQUESTED

WRITE IT Don't Say It!

FOR CORRESPONDENCE BETWEEN DEPARTMENTS

SUBJECT Sirhai, Sirlow

DATE 4-24-67

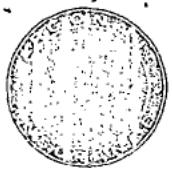
This crate was sent in mail to us. If you know patient's present address would you please mail it on to him. We do not know his whereabouts since he left our employ last year.

Sincerely, *Laura Kauai*

GRANJA VISTA DEL RIO
RT. 1 BOX 159-B
CQRONA, CALIFORNIA 91720

*With best regards,
Affectionately yours,*

810 Signed



Argonaut Insurance Companies

April 21, 1967

Mr. Sirhan Sirhan
c/o Route 1
Box 159B
Corona, California

DIRECT REPLY TO
OFFICE CHECKED BELOW:

250 MIDDLEFIELD ROAD
MENLO PARK, CALIF.
94025

550 CALIFORNIA STREET
SAN FRANCISCO, CALIF.
94106

443 SHATTOR PLACE
LOS ANGELES, CALIF.
90005

1350 VISTA AVE., BOX 4405
BOISE, IDAHO
83705

7600 CARPENTER FREEWAY
DALLAS, TEXAS
75247

NORTHWESTERN BANK BLDG.
MINNEAPOLIS, MINNESOTA
55402

221 NORTH LA SALLE ST.
CHICAGO, ILLINOIS
60601

514 SOUTHWEST SIXTH AVE.
PORTLAND, OREGON
97204

1180 RAYMOND BOULEVARD
NEWARK, NEW JERSEY
07102

1422 WEST PEACHTREE ST.
ATLANTA, GEORGIA
30309

539 GRAVIER ST.
NEW ORLEANS, LA.
70130

RE: Claim No.: 02X 203445
Employer : Altfillisch Constr. Co., Inc.
Employee : Sirhan Sirhan
Date Inj. : 9/25/66



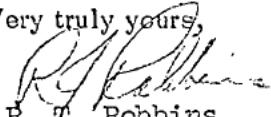
An appointment for special examination has been made for you on:

Date : Friday, May 19, 1967

Time : 10:00 AM

Office of: John T. Garner, M. D.
744 Fairmont Avenue
Pasadena, California
Phone: 681-7028

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

Very truly yours,

R. T. Robbins
CLAIMS DEPARTMENT

J
cc: John T. Garner, M. D.



Argonaut Insurance Companies

April 21, 1967

VK
Mr. Sherman Sichau
c/o Route 1
Box 159B
Corona, California

CON STYLING
ADVERTISING COMPANY, INC.
Sherman Sichau
9/25/66

Stanley, May 19, 1967

10:00 AM

John P. Gardner, M. D.
704 Piedmont Avenue
Berkeley, California
Phone: 651-7023

Cancelled by
Doctor

A. R. Edwards

3
cc: John P. Gardner, M. D. P. S.: Resume enclosed. Please examine, and forward four copies of your report.

E. Gordon Kiehn, M.D.

SUITE 203
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101
TELEPHONE 449-6494

April 4, 1967

Argonaut Insurance Company
1001 Wilshire Blvd.
Los Angeles, California

Re: Mr. Sirhan Sirhan

Gentlemen:

Mr. Sirhan came to this office on February 21, 1967, having been referred to me by Dr. Milton A. Miller of Ontario. The history of the case as I received it from the patient is briefly as follows:

The patient exercised the horses at the Granja Vista Del Rio ranch in Corona. On September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. He thinks he was unconscious for a brief time. He was seen at the Corona hospital by a Dr. Richard Nelson and the wounds around the eye were sutured. In addition to the wound around the eye he had a wound under the chin. This was also sutured. Four days later the sutures were removed. He suffered a brief injury again a few days after the initial injury and the wound edges separated a little bit. He was unaware of any eye problems until he began exercising the horses again. He noticed at this time that he had to move his head from left to right in order to see well on either side. This loss of side vision has definitely improved but he still has some difficulty. This is especially noticeable in the left eye. Because of his eye complaints he was referred to a Dr. Nelson of Corona and following this Dr. Milton A. Miller of Ontario. I do not have Dr. Miller's reports so I am unaware of exactly what his findings were. At the present time Mr. Sirhan's complaints primarily are as follows:

He notices that he has some twitching of the eyelid when he looks to the left. This involves the left eyelid primarily. He also has the same type of twitching when he wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, no weakness of either arms, hands, legs or feet. He complains of a persistent pain in the superior nasal aspect of the left orbit. My examination was as follows:

His vision was found to be 20/20 in either eye uncorrected. He had no significant refractive error. Extraocular muscles were found to be intact,

E. Gordon Kichn, M.D.

Argonaut Insurance Company

Page 2.

the pupils were round, were regular, and reacted well to light and accommodation. The patient's eyes were dilated and an examination of the fundus was performed. No significant abnormalities were found. Examination was performed both with the direct and indirect ophthalmoscope. Slit lamp examination showed no flare or cells in either eye. Both lenses are clear and the media appeared clear. Visual field examination indicates a full field with a moderate amount of general constriction in the left field. This constriction is inconstant. The patient's wounds are well healed, however there is a persistent tenderness over the superior orbital ridge medially and there is a small amount of fullness in this area remaining. The tenderness is medial to the supra-orbital notch and is apparently aggravated when the patient looks both to the left and upward to the left. There is a fibrotic band extending from this general area downward to the area just below the lower canthal ligament. He claims that this makes him have a rather tight sensation when he looks to the left. I could demonstrate no abnormal diplopia, in fact my findings are remarkably negative with the exception of the tenderness and the subcutaneous band which I mentioned. At the present time, I do not feel like operating on the area which is described, and releasing this band. I feel that we should wait for a period of about one month yet. At the time of releasing this subcutaneous band I believe it would be advisable to investigate the original wound area for the possibility of a foreign body reaction giving him the persistent pain which he feels and is described above. X-Rays ordered by me have indicated no evidence of a foreign body, no evidence of any fractures in and about the orbit, and said X-Rays are essentially negative. The X-Rays were taken by Dr. Robert Freeman, of this address. I shall see Mr. Sirhan again and repeat visual field tests to make sure that there is no recurrent abnormality. Inasmuch as he was unconscious and had not been seen by a neurologist or a neurosurgeon I believe it would be advisable to have him seen by a neurosurgeon to rule out any damage to the brain that might have occurred at the time of this injury. I have usually referred my patients to a Dr. Robert Fiskin, of 960 E. Green St., Pasadena. He is a well-qualified neurosurgeon and if you have no objection I would respectfully request your referral of Mr. Sirhan to Dr. Fiskin for such an evaluation.

I trust this will give you an up-to-date accounting of Mr. Sirhan's problems.

Sincerely,

E. Gordon Kichn, M.D.

EGK:ra

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 the insurance carrier. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER. Argonaut Insurance Company, 1001 Wilshire Blvd., Los Angeles, Calif.

DO NOT WRITE
IN THIS SPACE

1. EMPLOYER		Granja Vista Del Rio - Altfillisch Const. Company	PII
2. Address		(No. and Street) 13200 Citrus	City Corona, Calif.
3. Business		(Manufacturing shoes, building construction, retailing men's clothes, etc.) Ranch	
4. EMPLOYEE (First name, middle initial, last name)		Mr. Sirhan Sirhan	S.S. No. []
5. Address (No. and Street)		696 E. Howard St.	City Pasadena, California
6. Occupation		Exercises horses	Age 22 Sex Male Marital Status Single
7. Date injured		Sept. 24, 1966	Hour 7:30A M Date last worked Off two weeks
8. Injured at (No. Street and City)		13200 Citrus	County []
9. Date of your first examination		Feb. 21, 1967	Hour 9:00A M Who engaged your services? Milton A. Miller, Ontario
10. Name other doctors who treated employee for this injury Richard Nelson, M.D.			
11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury?		Yes	Employee's statement of cause of injury or illness: Was thrown from horse while exercising same.
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.) Please see attached report.			
13. X-RAYS: By whom taken? (State if none) Findings:		Negative - See attached report. Robert Freeman, M.D., 48 N. El Molino Ave., Pasadena, Calif.	
14. TREATMENT: See attached report.			
15. Kind of case (office, home, or hospital)		Office	If hospitalized, date _____ Estimated stay _____
Name and address of hospital _____			
16. Further treatment (estimated frequency and duration)		See attached report.	
17. Estimated period of disability for: Regular work		Not disabled.	Modified work _____
18. Describe any permanent disability or disfigurement expected (state if none)		See attached report.	
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)			

815

Name Dr. Gordon Kiehn, M.D.

(Type or Print)

PERSONAL
SIGNATURE
OF DOCTOR

Date of report 4-3-67 Address (No. Street and City) 48 N. El Molino Ave., Pasadena, California 91101

Starts

FORM 100-A (Rev. 1-64)

USE REVERSE SIDE IF MORE SPACE REQUIRED

FIRST REPORT

FILL OUT AND
FORWARD 3 COPY
IMMEDIATELY AFTER
FIRST SEEING
PATIENT

DOCTOR'S FIRST REPORT
OF WORK INJURY

STATE OF CALIFORNIA

STATE COMPENSATION INSURANCE FUND

82 X - 20344

PURSUANT TO SECTION 6407 OF THE LABOR CODE

ALSO, immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 94101
Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.)

Answer all questions fully. **AEROMARINE INDUSTRIES CO., 1001 Wilshire Blvd., Los Angeles, Calif.**

1. EMPLOYER	Grenia Vista del Rio Alfillisch Construction Co.	Do not write in this space
2. Address (No. St. & City)	Box 1508 R-1 Corona, California	
3. Business	(Manufacturing shoes, building con- struction, retailing men's clothes, etc.)	

4. EMPLOYEE (First name, middle initial, last name)	Sixten Sixten	SOCIAL SECURITY NO.
5. Address (No. St. & City)	694 East Fremont	Rancho, California
6. Occupation	Horse Trainer	Age 22 Sex Male
7. Date injured	9-25-66	Hour 9:30 A.M Date last worked 9-26-66
8. Injured at (No. St. & City)	on the job.	County Riverside
9. Date of your first examination	9-25-66	Hour 9:30 A.M 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? **Yes** Employee's statement
of cause of injury or illness: **I was thrown from a race horse 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.)

Laceration of left upper eye lid; Bilateral foreign bodies (sand) in eyes;
laceration of chin, complex, 3 cm. total length; large contusion of dorsal
back; extensive contusion of left hand and multiple abrasions.

13. X-rays: By whom taken? (state if none) **Xra. Corona Community Hospital, Corona, Calif.**
Findings: **Negative for fractures.**

Emergency care of wound given as mentioned above; Report of operation under

14. Treatment: Local anaesthesia; Medication for pain; hospitalized for further care
and observation.

15. Kind of case (Home, hospital
or hospital) **Hospital & Office.** If hospitalized, date **Estimated stay**
Name and address of hospital **Corona Community Hospital 700 S. Washburn Ave., Corona**

16. Further treatment (Estimated frequency
and duration) **Weekly office calls for two weeks; or as necessary.**

17. Estimated period of disability for: Regular work **2 to 4 weeks** Modified work **3 weeks**

18. Describe any permanent disability or disfigurement expected (State if none) **Noce expected at present.**

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.)

INDUSTRIAL CASE RE-OPENED.

PATIENT REFERRED TO DOCTOR PAUL NILSSON, M.D.

N. B.—ONLY UNDER EXCEPTIONAL CIRCUMSTANCES WILL A HERNIA BE CONSIDERED DISABLING PRIOR TO OPERATION.
THE INJURED SHOULD BE ADVISED TO CONTINUE WORK, IF POSSIBLE, UNTIL NOTIFIED THAT HIS CLAIM IS ACCEPTED.

Name **Richard A. Nelson,** Degree **M.D.** (Type or print) **PERSONAL
SIGNATURE
OF DOCTOR** **818**

Date of report **11-8-66** Address (No. St.
& City) **700 S. Washburn Ave., Corona, Calif.** Tel. No.

203413
ROBERT G. FREEMAN, M. D.
JOHN D. RUTLEDGE, M. D.
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101
TELEPHONE 795-4381

RADIOLOGY

203075
March 18, 1967

203075
mention

TO

Argonaut Insurance Exchange
1001 Wilshire Blvd.
Los Angeles, California

FOR PROFESSIONAL SERVICES

RE: MR. Sirhan Sirhan
696 E. Howard
Pasadena, California

EMPLOYER: GRANJA VISTA DEL RIO
32100 Citrus
Corona, California

INJURED: 11-66 At work

REFERRED BY: E. G. Kiehn, M.D.
48 N. El Molino
Pasadena, California

X-RAYS: 2-21-67 Left Orbit #7019 \$16.50

SYCAMORE 5-4881

ROBERT G. FREEMAN, M.D.
JOHN D. RUTLEDGE, M.D.
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101

REPORT ON ROENTGEN EXAMINATION
OF MR. SIRHAN SIRHAN

AT THE REQUEST OF E. G. Klein, M. D. DATE Feb. 21, 1967
43 N. El Molino, Pasadena

LEFT ORBIT & ADJACENT FRONTAL SINUS:

The films provide no evidence of bone injury involving the left orbit or peri-orbital structures.

J. D. Rutledge M.D.

John D. Rutledge, M. D.

R/R

818

CLAIM ROUTE SLIP

CLAIM NUMBER 6/21 X-20345

Send file to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Checkwriter | <input type="checkbox"/> Reserve & Closing Clerk |
| <input type="checkbox"/> Clerical Supervisor | <input checked="" type="checkbox"/> Bill Clerk | <input type="checkbox"/> Coverage & Control Clerk |
| <input type="checkbox"/> Examiner | <input type="checkbox"/> Make-up Clerk | <input type="checkbox"/> File Section |
| <input type="checkbox"/> Indemnity Clerk | <input type="checkbox"/> Legal Clerk | <input type="checkbox"/> Central Control (Accountant) |

Instructions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pay Comp and diary | <input type="checkbox"/> Make Reserve Change | Prepare & Send
legal file to: |
| <input type="checkbox"/> Figure Award & Pay | <input type="checkbox"/> Make Reopening | <input type="checkbox"/> Litg. Counsel |
| <input type="checkbox"/> Pay C & R | <input type="checkbox"/> Make Up X Case | <input type="checkbox"/> Subro. Counsel |
| <input type="checkbox"/> Pay Travel Expense | <input type="checkbox"/> File Correspondence | |
| <input checked="" type="checkbox"/> Pay Bill | <input type="checkbox"/> Complete & Send Fed. Form # | |
| <input type="checkbox"/> Cancel | <input type="checkbox"/> Stop Payment | |

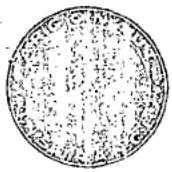
REMARKS: Pay bills & then file to me for little bbs.Kiela

Date:

4/21/7

BY

PKRobinson



Argonaut Insurance Companies

May 2, 1967

Mr. Sirhan Sirhan
C/o Rt 1, Box 159B
Corona, California

Send to wrong address



DIRECT REPLY TO
OFFICE CHECKED BELOW:

250 MIDDLEFIELD ROAD
MEILIO PARK, CALIF.
94025

550 CALIFORNIA STREET
SAN FRANCISCO, CALIF.
94106

443 SHATTO PLACE
LOS ANGELES, CALIF.
90005

1350 VISTA AVE., BOX 4405
BOISE, IDAHO
83705

7600 CARPENTER FREEWAY
DALLAS, TEXAS
75247

NORTHWESTERN BANK BLDG.
MINNEAPOLIS, MINNESOTA
55402

221 NORTH LA SALLE ST.
CHICAGO, ILLINOIS
60601

514 SOUTHWEST SIXTH AVE.
PORTLAND, OREGON
97204

1180 RAYMOND BOULEVARD
NEWARK, NEW JERSEY
07102

1422 WEST PEACHTREE ST.
ATLANTA, GEORGIA
30309

539 GRAVIER ST.
NEW ORLEANS, LA.
70130

RE: Claim No. : 02X-203445
Employer : **ALTMICLICH CONST. CO. INC.**
Employee : **SIRHAN SIRHAN**
Date Inj. : **9/25/66**

An appointment for special examination has been made for you on:

Date : Tuesday, May 23, 1967

Time : 11:00 A.M.

Office of: Samuel Weaver, M.D.
1125 E 17th St
Santa Ana, Calif.

Phone: KI 2-7489

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

P.S. Please disregard letter of 4/21/67. The appointment has been cancelled.

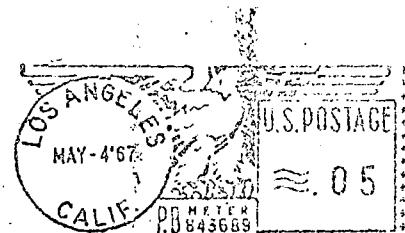
Very truly yours,

m
cc: Samuel Weaver, M.D.
R. J. ROBBINS
CLAIMS DEPARTMENT

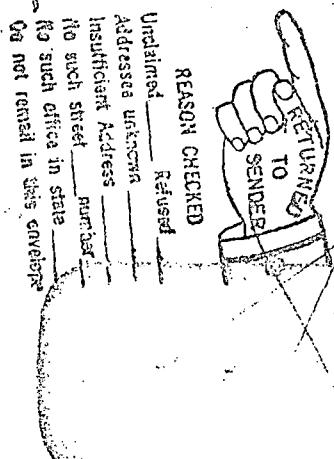
820

Argonaut Insurance Companies

443 SHATTO PLACE
LOS ANGELES, CALIFORNIA 90005



821



No longer
at this add.
add. unknown.

ARGONAUT INSURANCE

TO Robbins FROM Peggy DATE 4/24 1957

INSURED SIRHAN SIRHAN **POLICY TERM** _____

INSURED *Mrs Bryan* POLICY TERM
CONVERSATION WITH *Dr Turners wife* CLAIM #X 203445

5/30/19
Has to cancel flight for
May 19.

822

1-7
4-7
PK

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 Company Address 1001 Wilshire Blvd., Los Angeles, Calif.

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

EMPLOYER Granja Vista Del Rio - Altfilisch Cons. Company

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF April , 1967

Patient refused treatment _____ 19

Patient able to return to work _____ 19

Patient stopped treatment
without orders _____ 19

Patient discharged as cured _____ 19

Patient entered hospital _____ 19

Condition at time of last visit _____

Not discharged.

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
						X																									

Totals

First aid treatment (describe)	\$	
Office Visits	4-6-67	\$ 5.50
Home Visits		\$
Hospital Visits		\$
Operations		\$
MATERIAL (itemized at cost)		\$ 23.25
		<i>71.50</i>
		<i>16</i>
		<i>TOTAL \$ 5.50</i>

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 *E. Gordon Kiehn*

Address 48 N. El Molino Ave., Suite 203

Date May 4, 1967

Pasadena, California 91101

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 Company Address 1001 Wilshire Blvd., Los Angeles

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

EMPLOYER Granja Vista Del Rio

- Altfillisch Cons. Company

EMPLOYEE Sirhan Sirhan

DATE OF INJURY 9-24-66

SERVICES FOR MONTH OF Feb. & March, 1967

Patient refused treatment .19

Patient able to return to work .19

Patient stopped treatment
without orders .19

Patient discharged as cured .19

Patient entered hospital .19

Condition at time of last visit
Patient still under treatment.

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
Feb.																					o										
Marc.																						o									

Totals

First aid treatment (describe) \$

Office Visits 2-21, RVS 0002 = \$55.00, 3-9 & 3-23, RVS 9004 = \$5.50 ea. \$ 66.00

Home Visits \$

Hospital Visits \$

Operations \$

MATERIAL (Itemized at cost) \$

TOTAL \$ 66.00

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 E. Gordon Kiehn

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

Date 4-3-67

824

ARGONAUT INSURANCE

TO _____ FROM _____ DATE _____ 19_____

INJURED _____ POLICY # _____

INSURED _____ POLICY TERM _____

CONVERSATION WITH _____ CLAIM # _____

Mr. and Mrs. Johnson

White Champion

825

May 2, 1967

Mr. Sirhan Sirhan
c/o Mt. L., Box 1590
Corona, California

02X-203445
AMMILLISCH CONST. CO. INC.
SIRHAN SIRHAN
9/25/66

Tuesday, May 23, 1967

11:00 A.M.

Samuel Weaver, M.D.
1125 E 17th St
Santa Ana, Calif.

Phone: KT 2-7489

P.S. Please disregard letter of 4/21/67. The appointment has been cancelled.

m

cc: Samuel Weaver, M.D.

R. J. MURKIN

P.S. Report enclosed. Please examine and comment
on any neuro problems that may exist.

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

WORKMEN'S COMPENSATION APPEAL BOARD

STATE OF CALIFORNIA

ANSWER of ARGONAUT INSURANCE COMPANY

SIRHAN D. STRAIN
(NAME OF EMPLOYEE)

696 E. Howard, Pasadena, Calif.

Case No. Appl. dated: 7-10-67

Date of alleged injury: 9/25/66

VS.

ALFELLSCH CONSTRUCTION CO.

GRANADA VISTA INN LTD.
(CORRECT NAME OF EMPLOYER)

ARGONAUT INSURANCE COMPANY

(CORRECT NAME OF INSURANCE COMPANY)

Box 1593, Rm 2, Corona, Calif.
(EMPLOYER'S ADDRESS)663 Shatto Pk., Los Angeles, Calif.
(INSURANCE CARRIER'S ADDRESS)

(CERTIFICATE NUMBER IF SELF-INSURED)

ANSWERING DEFENDANTS deny the allegations of the Application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

(CHECK IF ALLEGATION IS DENIED)

EXPLAIN BELOW

 Employment

being investigated

 Occupation Injury

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

 Insurance coverage

being investigated

(CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

 Liability for self procured treatment Liability for future medical treatment Medical-legal costs Earnings Periods of disability

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)

 Permanent disability

apportionment

(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ none at the rate of \$ a week beginning through plus

2. Affirmative defenses and other matters: _____

Defendants do not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice if other issues develop.

Estimated time for trial: _____

Dated at Los Angeles, California, 7/26/67

All defendants' medical reports have been filed _____

(DATE)

Additional reports will be filed before trial _____

ARGONAUT INSURANCE COMPANY
By: McLaughlin, Evans, Dalbey & Cumming
by: s/ Ray D. Cumming
1717 No. Highland Ave., L.A., Calif. 90028
466-0113 (ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)Pre-trial wanted: YES NO

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 COMPANY, INC. Box 159B Rt. 1, Corona, California										EMP. ADDR.
Miller & Ames of Calif. 3625 W. 6th St. Los Angeles, Calif.						ACC. DATE	TYPE	EX- S T M	PERIOD	BY
						09-25-66	0	3	0	5715 DIV
						01-01-66-67	POL. TERM			
SIRHAN, SIRHAN c/o Rt. 1 Box 159B Corona, California						CLAMANT	PART			
						NAME ADDRESS	CAUSE			
lac. up. chain bk						NATURE	CAUSE			
Norco, Calif.							LOCATION			
Richard A. Nelson Hammer St., Norco, California							DOCTOR			
							ADDRESS			
IDENTITY	MEDICAL	ALLOC.		TOTAL		COMPENSATION RESERVE				
2200.00	250.00	250.00		2700.00						

RESERVE CHANGE ADVICE

	OLD RESERVE	NEW RESERVE
Indemnity REOPEN	\$ 100.00	\$ 320.00
Medical	\$ 262.10	\$ 750.00
Allocated	\$ 0.00	\$ 350.00
Total	\$ 262.10	\$ 335.00

Date _____ Division _____

By *Stener*

828

POLICY NUMBER						CLAIM NUMBER				
CO	INCURRED DATE	LIN#	ST.	DIV.	MO/WK	SERIAL	DMZ	LTR	SERIAL	CLASS
1	10-07-66	200	CA	20	230	056370	02	X	201665	0037
AUTOMOTIVE CONSTRUCTION COMPANY, INC. Box 1598 P.O. #1, Corona, California										
Miller & Associates of Calif., 3625 N. 6th St., Los Angeles, Calif.						ACC. DATE	T	E	S	PRO. CODE
						09-26-66	0	3	0	5715
						01-01-66-67				PLATE
SIRIANI, STEVEN c/o P.O. 1 Box 1598 Corona, California						CARRIER NAME ADDRESS	PART			
1st. up. chain bk entire shears off horse Norco, Calif.							CAR			
Richard A. Harker Hanner Ave., Norco, California							CAUSE			
							DOCTOR			
							ADDRESS			
INDEMNITY	Vehicle	ALLOCS	AMOUNT	TOTAL	DO	COMPENSATION RESERVE				
2200.00	270	00	250	2700	00					

CLAIM CLOSING ADVICE

TO TABULATING DEPARTMENT

	OLD RESERVE	NEW RESERVE
Indemnity	\$ 210.00	\$ 100.00
Medical	\$ 350.00	\$ 100.00
Allocated	\$ 100.00	\$ 100.00
Total	\$ 315.00	\$ 100.00

Date 10/829 Division A