

STATE OF ALABAMA  
Department of Industrial Relations  
Workmen's Compensation Division  
Montgomery, Ala. 36104

WCC No. ....

Emp. No. ....

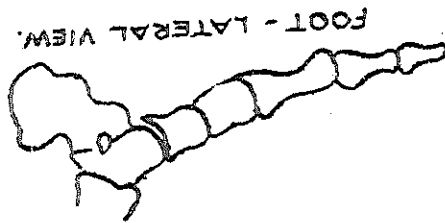
**SURGEON'S REPORT.**

Required only upon Department's  
specific request.

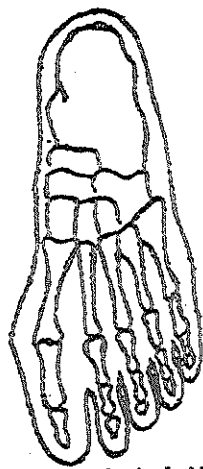
DESIGNATE POINTS OF AMPUTATIONS ON CHARTS ON REVERSE.

The Patient	1. Name of Injured Person: <u>Elisha Jones</u> Age: <u>50</u> Sex: <u>Male</u> 2. Address: No. and St. <u>806 W. Hurricane Rd.</u> City or Town <u>Bay Minette</u> State <u>Ala.</u> 3. Name and Address of Employer: <u>Homan &amp; Sullivan- - O.W. Lyles, Bay Minette, Ala.</u>
The Accident	4. Date of accident: <u>10-31-68</u> Hour _____ M. Date disability began _____ 5. State in patient's own words where and how accident occurred: <u>Crushing injury to left leg and foot.</u>
The Injury	6. Give accurate description of nature and extent of injury and state your objective findings: <u>Crushing wound of lower left leg and foot.</u> <u>Comminuted fracture of the tibia and fibula, fracture of the 1st metatarsal.</u> 7. Will the injury result in (a) Permanent defect? <u>Yes</u> If so, what? <u>Amputated leg below the knee.</u> (b) Facial or head disfigurement? <u>No</u> (Permanent disability such as loss of whole or parts of fingers, facial or head disfigurement, etc., must be accurately marked on chart on reverse side of this report.) 8. Is accident above referred to the only cause of patient's condition? <u>Yes</u> If not, state contributing causes: _____ 9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? <u>No</u> Give particulars: _____ 10. Has patient any physical impairment due to previous accident or disease? <u>No</u> Give Particulars: _____ 11. Has normal recovery been delayed for any reason? <u>Yes</u> Give particulars: <u>Necessary to amputate lower leg.</u>
Treatment	12. Date of your first treatment: <u>10-31-68</u> Who engaged your services? <u>Employer</u> 13. Describe treatment given by you: <u>Attempted reduction of fractures, repair of lacerations, on 10-31-68, necessary to amputate lower leg, 11-20-68.</u> 14. Were X-Rays taken? <u>Yes</u> By whom? <u>Mattie L. Rhodes Hospital</u> When? <u>10-31-68</u> (Name and Address) 15. X-Ray diagnosis: <u>Comminuted fracture of tibia and fibula, fracture of 1st metatarsal.</u> 16. Was patient treated by anyone else? <u>Yes</u> By whom? <u>Dr. W.J. Neeley- Mobile, Ala.</u> When? <u>11-20-68</u> (Name and Address) 17. Was patient hospitalized? <u>Yes</u> Name and address of hospital: <u>Mattie L. Rhodes Hospital</u> 18. Date of admission to hospital: <u>10-31-68</u> Date of discharge: <u>12-9-68</u> 19. Is further treatment needed? <u>Yes</u> For how long? <u>Undetermined at present</u>
Disability	20. Patient <sup>was</sup> <del>will be</del> able to resume regular work on: <u>Undetermined</u> 21. Patient <sup>was</sup> <del>will be</del> able to resume light work on: _____ 22. If death ensued give date: _____
REMARKS: (Give any information of value not included above) <u>It is felt that patient will have a 25% disability of his body and 50% of the left leg.</u>	
I am a duly licensed physician in the State of <u>Alabama</u> I was graduated from <u>Tulane</u> Medical School in <u>New Orleans, La.</u> Date of this report: <u>12-12-68</u> (Signed) <u>[Signature]</u> <u>12</u> <u>FEB 10 1969</u> This report must be signed personally by physician. Address: <u>Bay Minette, Ala.</u> Telephone _____	

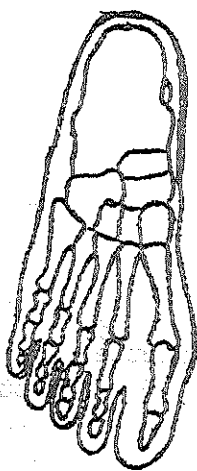
ALICE J. DUCK CLERK  
REGISTER



FOOT - LATERAL VIEW.

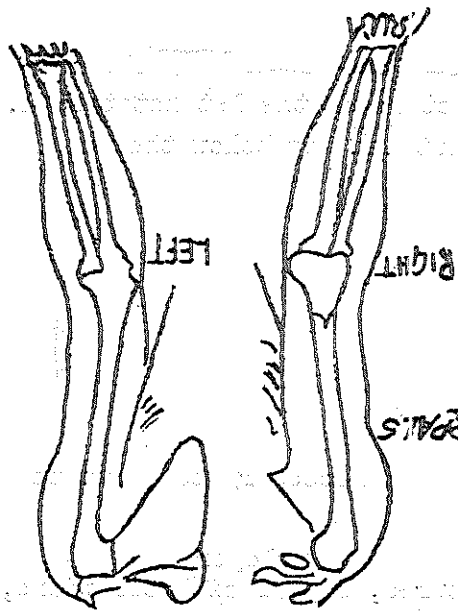


LEFT FOOT



RIGHT FOOT

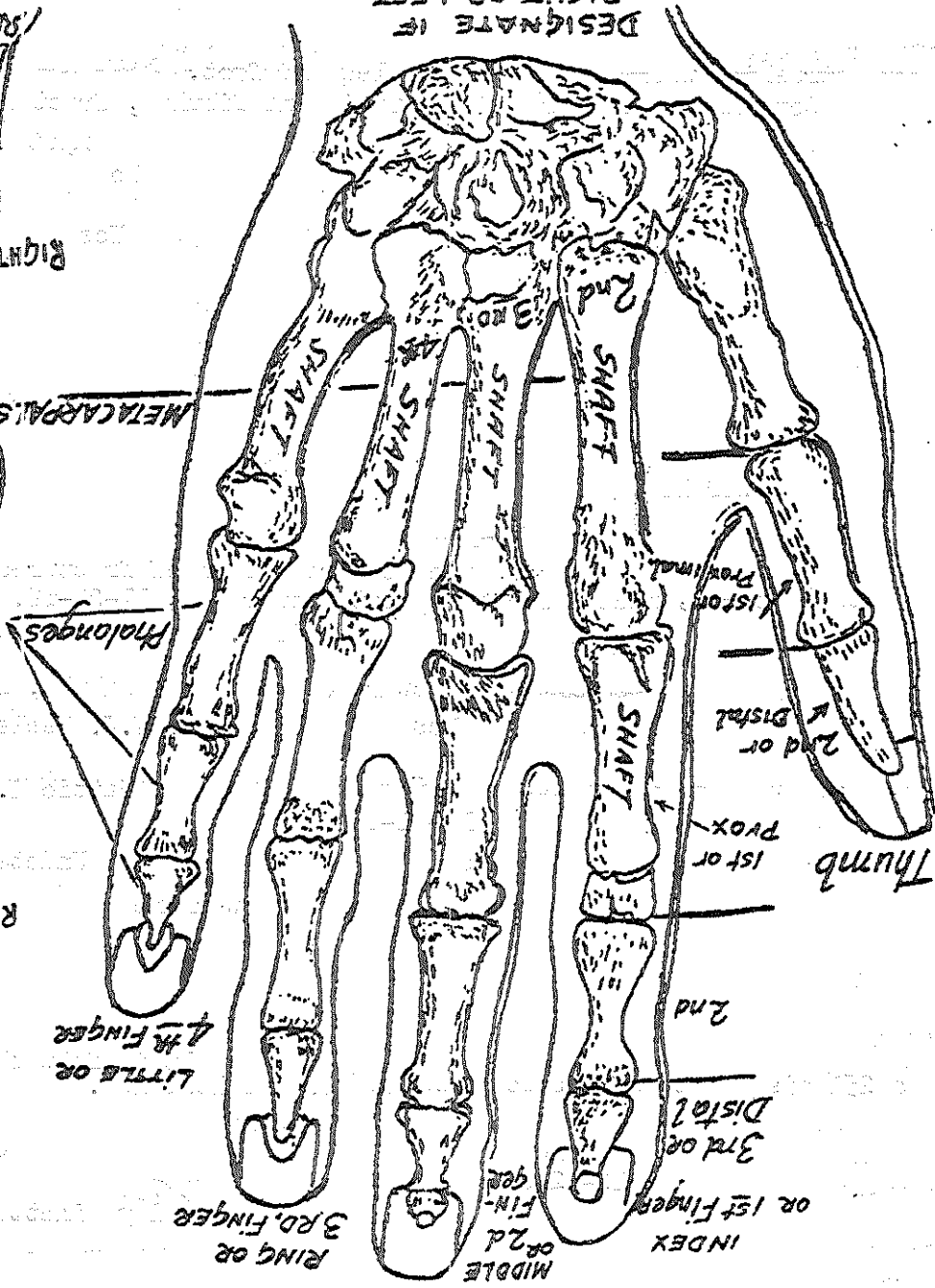
DESIGNATE IF  
RIGHT OR LEFT



METACARPALS

LEFT

RIGHT



Thumb

1st or Proximal

2nd or Distal

2nd

3rd or Distal

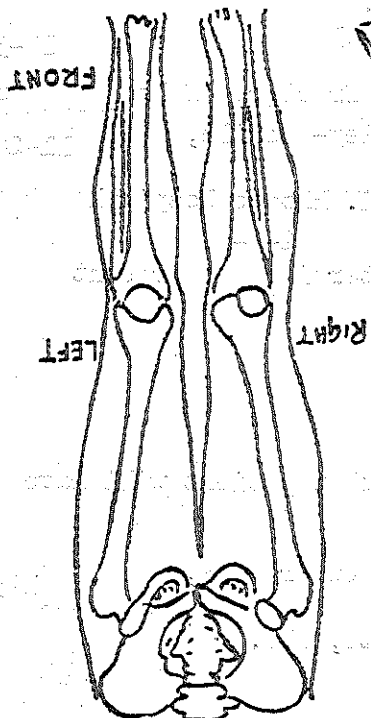
INDEX  
OR 1st Finger

MIDDLE  
OR 2d  
FIN-  
ger

RING OR  
3rd Finger

LITTLE OR  
4th Finger

Phalanges



RIGHT

LEFT

FRONT

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE  
WORKMEN'S COMPENSATION LAW

STANDARD FORM FOR  
**SURGEON'S REPORT**

Approved by I. A. I. A. B. C.

State's	File:
Number	Carrier:
For:	Employer:
Carrier's File No.	
(The spaces above not to be filled in by Employer)	

<b>THE PATIENT</b>	1. Name of Injured Person: <u>Elisha Jones</u> Age <u>Male</u> 2. Address: No. and St. <u>806 W. Hurricane Rd.</u> City or Town <u>Bay Minette</u> State <u>Ala.</u> 3. Name and Address of Employer: <u>O W Lyles &amp; Son, 154 Hoyle Ave., Bay Minette</u>
<b>THE ACCIDENT</b>	4. Date of accident: <u>10-31-68</u> Hour <u>    </u> M. Date disability began <u>10-31-68</u> 5. State in patient's own words where and how accident occurred <u>Crushing injury L. Foot</u>
<b>THE INJURY</b>	6. Give accurate description of nature and extent of injury and state your objective findings: <u>Crushing injury L. Foot -; Compound fracture L. Tibia and Fibula</u> 7. Will the injury result in (a) Permanent defect? <u>Yes</u> If so, what? <u>Below the knee amputation</u> (b) Facial or head disfigurement <u>NO</u> <small>(Permanent disability such as loss of whole or parts of fingers, facial or head disfigurement, etc., must be accurately marked on chart on reverse side of this report.)</small> 8. Is accident above referred to the only cause of patient's condition? <u>Yes</u> If not, state contributing causes <u>    </u> 9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? <u>    </u> Give particulars <u>    </u> 10. Has patient any physical impairment due to previous accident or disease? <u>NO</u> Give particulars <u>    </u> 11. Has normal recovery been delayed for any reason? <u>    </u> Give particulars <u>    </u>
<b>TREATMENT</b>	12. Date of your first treatment <u>11-20-68</u> Who engaged your services? <u>Dr. George Halliday</u> 13. Describe treatment given by you <u>Below the knee amputation, Left Leg</u> 14. Were X-Rays taken? <u>Yes</u> By whom? <u>Mattie Rhodes Hospital</u> When? <u>10-31-68</u> <small>(Name and Address)</small> 15. X-Ray diagnosis <u>Crushing injuries to foot, Left; Compound fracture L. Tibia and Fibula</u> 16. Was patient treated by anyone else? <u>Yes</u> By whom? <u>Dr. G. Halliday</u> When? <u>10-31-68 thru Undetermined</u> <small>(Name and Address)</small> 17. Was patient hospitalized? <u>Yes</u> Name and address of hospital <u>Mattie Rhodes Hospital</u> 18. Date of admission to hospital <u>10-31-68</u> Date of discharge <u>Undetermined</u> 19. Is further treatment needed? <u>Yes</u> For how long? <u>Undetermined</u>
<b>DISABILITY</b>	20. Patient <sup>was</sup> able to resume regular work on: <u>Undetermined</u> 21. Patient <sup>was</sup> able to resume light work on: <u>Undetermined</u> 22. If death ensued give date: <u>    </u>
REMARKS: (Give any information of value not included above) <u>Consultation and surgery performed on 11-20-68 requested by Dr. Halliday</u> I am a duly licensed physician in the State of <u>Alabama</u> I was graduated from <u>Hahnemann</u> Medical School in <u>Philadelphia</u> Year <u>1958</u> Date of this report <u>Nov. 22, 1968</u> (Signed) <u>[Signature]</u> This report must be signed personally by physician. Address <u>1720 Spring Hill Ave.</u> Telephone <u>432-4661</u>	

FILED

CHASON, STONE & CHASON

ATTORNEYS AT LAW

P. O. BOX 120

BAY MINETTE, ALABAMA 36507

JOHN CHASON  
NORBORNE C. STONE, JR.  
JOHN EARLE CHASON

TELEPHONE 937-2191

February 14, 1969

The undersigned Elisha Jones does hereby acknowledge receipt of Claim Draft No. 32959 issued February 12, 1969 on Georgia Casualty & Surety Company payable to Elisha Jones as per decree dated February 10, 1969 in the sum of \$5,154.04 as a lump sum settlement of a workmans compensation claim against O. W. Lyles & Son, Inc., for an accident which occurred October 31, 1968. This check is accepted in full payment of the judgement of the Circuit Court of Baldwin County, Alabama on February 10, 1969 in the above matter.

Dated this 14th day of February, 1969.

  
Elisha Jones

FILED

FEB 14 1969

ALICE J. DUCK

CLERK  
REGISTER

SUMMONS

STATE OF ALABAMA

IN THE CIRCUIT COURT - LAW SIDE

BALDWIN COUNTY

TO ANY SHERIFF OF THE STATE OF ALABAMA:

You are hereby commanded to summon O. W. Lyles & Son, a corporation, to appear within thirty days from the service of this Writ in the Circuit Court to be held for said County at the place of holding same, then and there to answer the Complaint of Elisha Jones.

*Dated Feb. 10, 1969*

*[Signature]*  
Clerk

ELISHA JONES

vs.

*MS 5564*

PETITION FOR SETTLEMENT

O. W. LYLES & SON, A CORPORATION

IN THE MATTER OF COMPENSATION FOR INJURY:

The undersigned being the only parties interested in the above entitled matter, hereby petition the Court for approval of the following Agreement and Settlement, and agree and represent to the Court as follows:

That they are subject to the provisions of the Workmen's Compensation Law of Alabama, as amended. That the said employee, aged 50, residing at Bay Minette, Alabama, who can read and understand the English language, did on the 31st day of October, 1968, sustain an injury by accident while employed by said employer, which injury occurred at Perdido resulting in loss of left lower leg.

That said employee was receiving at the time of injury, wages at the rate of \$65.00 per week.

Therefore, it is hereby agreed that the employee is entitled to receive compensation for said injury from the employer beginning November 7, 1968, at the rate of \$42.25 per week for 139 weeks. That said employee has to the date hereof been paid for 11 weeks and there now remain 128 weeks of compensation to which the employee is entitled having a present commuted value of \$5154.04. That the parties hereto have agreed that it is in the best interest of the employee to receive said amount in a lump sum, all subject to the provisions and limitations of the act.

The employee acknowledges that he has received to date medical and surgical treatment and benefits given by said act and the employer agrees to continue to furnish the same, if any be necessary, to the extent and in the manner required by said act. The employee agrees to present himself for examination, or if physically unable to do so, to submit to examination by the physicians designated by the employer, when requested.

This settlement is substantially in accordance with the terms and provisions of the Workmen's Compensation Act, as amended, and when the lump sum payment approved by this Court is made the employer shall be and it is hereby released from all claims on account of such injury payable under said act or otherwise, except future medical and surgical payments as hereinabove guaranteed. This Settlement contains the whole agreement between the parties hereto.

This 5<sup>th</sup> day of February, 1969.

Elisha Jones  
Employee

O. W. LYLES & SON, a corporation

By: O. W. Lyles

FILED

FEB 10 1969

ALICE J. DUCK

CLERK  
REGISTER

085 580

STATE OF ALABAMA

BALDWIN COUNTY

ELISHA JONES

ORDER

vs.

APPROVING SETTLEMENT

O. W. LYLES & SON, A CORPORATION

AND PETITION

IN THE MATTER OF COMPENSATION FOR INJURY:

This day came the petitioners in the above styled cause and submitted a petition for settlement pursuant to the Workmen's Compensation Law of the State of Alabama and after consideration of the same and after inquiry into the bona fides of the claimant's claim and the liability of the Defendant thereon and it appearing that the allegations of said petition are true and that said settlement is substantially in accordance with the provisions of the Workmen's Compensation Law of Alabama and that it is in the best interest of the employee and his dependents to accept a lump sum settlement in said cause, it is therefore,

ORDERED, ADJUDGED and DECREED that said petition is approved in all things and that the employee is entitled to receive compensation for his injury from the employer for a total of one hundred and thirty-nine (139) weeks beginning November 7, 1968, at the rate of forty-two and 25/100 (\$42.25) dollars per week; that the employee has received prior to the date hereof payments for eleven (11) weeks and there now remain one hundred and twenty-eight (128) weeks of compensation due to the employee having a present commuted value of five thousand one hundred fifty-four and 4/100 dollars (\$5,154.04) and the employer is hereby directed to pay said sum to the employee in complete settlement of his obligation under the Workmen's Compensation Act except for future medical and

surgical payments incurred as a result of said injury and payable pursuant to said Act.

Done this 10<sup>th</sup> day of February, 1969.

J. Fair J. Madburn  
Circuit Judge