

STATE OF ALABAMA  
BALDWIN COUNTY  
IN THE MATTER OF  
COMPENSATION FOR  
INJURY TO HARVEY  
WOODARD, EMPLOYEE,

VS.

REX NOBLES, VENDOR  
FOR R. L. COX, ~~AND~~ INC., AND  
GEORGIA CASUALTY  
SURETY COMPANY,  
EMPLOYER,

IN THE CIRCUIT COURT OF  
BALDWIN COUNTY, ALABAMA

~~IN EQUITY~~ Civil

CASE NO. 8843

ORDER APPROVING SETTLEMENT AND PETITION

Upon reading and filing the foregoing joint petition, agreement, and settlement of the parties, and being fully advised in the premises, 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.

It is ORDERED that the said petition, settlement, and release be, and the same hereby are approved, and that the parties in all things conform thereto.

It is, further, ORDERED that Harvey Woodard pay out of such settlement \$72.83 to Kenneth Cooper, his Attorney, and that said sum is hereby fixed as a reasonable fee for his services, which such services and employment are hereby approved.

DATED this 30<sup>th</sup> day of July, 1969, at  
Bay Minette, Alabama.

J. Blair J. Maddox  
CIRCUIT JUDGE

FILED

JUL 30 1969

ALICE J. DUCK

STATE OF ALABAMA	⌋	IN THE CIRCUIT COURT OF
BALDWIN COUNTY	⌋	BALDWIN COUNTY, ALABAMA
IN THE MATTER OF	⌋	<del>IN EQUITY</del> CIVIL
COMPENSATION FOR	⌋	CASE NO. <u>8823</u>
INJURY TO HARVEY	⌋	
WOODARD, EMPLOYEE,	⌋	
VS.	⌋	
REX NOBLES, VENDOR	⌋	
FOR R. L. COX, <del>AND</del> INC., AND	⌋	
GEORGIA CASUALTY	⌋	
SURETY COMPANY,	⌋	
EMPLOYER,	⌋	

SETTLEMENT AND PETITION

TO HONORABLE TELFAIR J. MASHBURN, JUDGE OF SAID COURT, IN EQUITY SITTING:

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, to-wit:

1. That they are subject to the provisions of the Workmen's Compensation Law of Alabama, as amended. That the said employee, Harvey Woodard, being 58 years of age, residing at Bay Minette, Alabama, who understand the English language, did, on the 28<sup>th</sup> day of August, 1968, sustain injury by accident while employed by Rex Nobles, said employer, which said injury occurred North of Bay Minette, in Baldwin County, Alabama, resulting in crushig wound of leg, with large slough of wound, causing 25% disability of said leg. That said employee was receiving, at time of the injury, wages at the rate of \$50.00 per week.

Therefore, it is hereby agreed that the employee is entitled to and shall receive compensation for said injury from the employer at the rate of \$32.50 per week for a period of fifty (50) weeks. It is further agreed that the employer, or his agent, has paid to the employee for 35 weeks for a total sum of \$1139.50, leaving a balance due of \$485.50, and that the employer is re-

sponsible for all medical and hospital bills, all subject to the limitations of said Act, and the employee agrees to give proper receipts for the payments made hereunder.

The employee acknowledges that he has received to date medical and surgical treatments and benefits given by said Act and the employer agrees to pay all costs in connection therewith. And both parties hereto agree to accept the Standard Form For SURGEON'S REPORT, signed by Dr. G. M. Halliday, dated 5-6-69 as the medical report in this case, which SURGEON'S REPORT is attached hereto as Exhibit #1.

This settlement is substantially in accordance with Section 278 and 279, Title 26, Code of Alabama, Recompiled 1958, as amended. Upon receipt of all of above-listed number of payments the employer shall be, and hereby is released from all claims on account of said injury, under said Act, or otherwise. This settlement contains the whole agreement between the parties hereto.

DATED this 23 day of July, 1969, at Bay Minette, Alabama.

STATE OF ALABAMA  
BALDWIN COUNTY

Harvey Woodard  
EMPLOYEE  
R. L. Cox, Inc  
EMPLOYER  
By Cecil D. Cox V.P.

On this 23<sup>rd</sup> day of July, 1969, before me, a Notary Public, within and for said County and State, personally appeared Harvey Woodard to me known to be the identical person described in and who executed the foregoing instrument as employee, and acknowledged that the same is true; and that after reading the same or having the same read to him, and with a full understanding of the terms and the effect thereof, he executed the same as his free act and deed and for the uses and purposes therein expressed, and as a full settlement of all claims on account of said injury.

Kenneth Cooper  
NOTARY PUBLIC  
STATE AT LARGE, STATE OF ALABAMA

My Commission Expires:  
4 February, 1971

JUL 30 1969

STATE OF ALABAMA  
BALDWIN COUNTY

On this 29<sup>th</sup> day of July, 1969, before me, a Notary Public,  
within and for said County and State, personally appeared \_\_\_\_\_  
Cecil D. Cox, J.P.

to me known to be the identical person described in and who executed the foregoing instrument as employer, and acknowledged that the same is true; and that after reading the same or having the same read to him, and with a full understanding of the terms and the effect thereof, he executed the same as his free act and deed and for the uses and purposes therein expressed, and as a full settlement of all claims on account of said injury.

John Earle Cheson  
NOTARY PUBLIC,

My Commission Expires:

9/69

# STANDARD FORM FOR SURGEON'S REPORT

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

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

The Patient	1. Name of Injured Person: <u>Harvey Woodard</u> Age: <u>58</u> Sex: <u>M</u> 2. Address: No. and St. <u>Hurricane Rd.</u> City or Town <u>Bay Minette</u> State <u>Ala.</u> 3. Name and Address of Employer: <u>Rex Nobles &amp; R/L/ Cox</u> <u>Bay Minette, Ala.</u>
The Accident	4. Date of accident: <u>8-28-68</u> Hour <u>      </u> M. Date disability began <u>      </u> 5. State in patient's own words where and how accident occurred: <u>      </u>
The Injury	6. Give accurate description of nature and extent of injury and state your objective findings: <u>Crushing wound of leg w/ Large Slough of wound</u> 7. Will the injury result in (a) Permanent defect? <u>Yes</u> If so, what? <u>25% disability of leg</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: <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>No</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>Yes</u> Give particulars: <u>See previous reports</u> <u>Steroid therapy is necessary</u>
Treatment	12. Date of your first treatment: <u>8-28-68</u> Who engaged your services? <u>Employer</u> 13. Describe treatment given by you: <u>Hospitalization x-2 w/Skin graft x-3</u> <u>See previous reports, Steroid Therapy, Sonic treatments</u> 14. Were X-rays taken? <u>Yes</u> By whom? <u>      </u> When? <u>      </u> (Name and Address) 15. X-ray diagnosis: <u>See previous reports</u> 16. Was patient treated by anyone else? <u>Yes</u> By whom? <u>Dr. Joe Neely, Mobile, Ala.</u> (Name and Address) <u>Mattie L. Rhodes Hospital</u> 17. Was patient hospitalized? <u>Yes</u> Name and address of hospital: <u>Bay Minette, Ala.</u> 18. Date of admission to hospital: <u>      </u> Date of discharge: <u>      </u> 19. Is further treatment needed? <u>Yes</u> For how long? <u>Undetermined</u>
Disability	20. Patient <sup>was</sup> <del>will be</del> able to resume regular work on: <u>      </u> 21. Patient <sup>may</sup> <del>will be</del> able to resume light work on: <u>5-12-69</u> 22. If death ensued give date: <u>      </u>
REMARKS: (Give any information of value not included above) <u>      </u> <u>      </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> 1952 Date of this report: <u>5-6-69</u> (Signed) <u>W.B. Halliday, M.D.</u> This report must be signed personally by physician. Address: <u>Bay Minette, Ala.</u> Telephone <u>      </u>	