

SETTLEMENT, PETITION, PHYSICIAN'S CERTIFICATE, AND JUDGE'S ORDER OF
APPROVAL, UNDER WORKMEN'S COMPENSATION LAW OF ALABAMA

APPROVED BY CHIEF JUSTICE SUPREME COURT OF ALABAMA, JANUARY 3, 1940

STATE OF ALABAMA,

County of Baldwin } ss.

IN THE MATTER OF COMPENSATION FOR INJURY

To Willie Morris, Jr.

Employee.

SETTLEMENT
AND
PETITION.

Against Baldwin Pole & Piling Co., Inc.

Employer.

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 amend-

ed. That the said employee, aged 38, residing at Bay Minette, Alabama

can

Alabama, who can not read and understand the English language, did on the 22 day of

September

19.70

on or about

-

o'clock

-

M.,

sustain injury by accident while

employed by said employer, which injury occurred at mill site resulting in

Temporary total and permanent partial disability of said employee and consisted of

(Specify disability extent and type)

Employee was loading poles on truck and log rolled off on left foot

resulting in a 50% loss of use of left foot

That said employee was receiving, at the time of injury, wages at the rate of \$ 68.00 per week.

Therefore, it is hereby agreed that the employee is entitled to and shall receive compensation for said injury from the employer beginning Date of accident 19; at the rate of \$ 44.20

per week ^{during disability} for 69 1/2 weeks payable as follows: Employee heretofore has been paid for

20 weeks and 3 days compensation. Credit given for 10 weeks and

employee due remaining 59.47 weeks @ 44.20 per week duly commuted and

totaling \$2542.21 payable in lump sum upon approval by Court.

; all subject to the limitations of said Act, and the employee agrees to give proper receipts for each payment made hereunder.

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 physician or physicians designated by the employer, when requested.

This settlement is substantially in accordance with Sections 278 and 279 of the 1940 Code of Ala., as amended. When all payments hereunder have been made 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 at Bay Minette, Alabama

August 12, 19 71

Willie Morris, Jr.

Willie Morris, Jr.

Employee.

Baldwin Pole and Piling Co., Inc.

Employer.

By

J. M. Cebertson
As its Attorney

STATE OF ALABAMA,

County of Baldwin } ss.

On this 12 day of August, A. D. 19 71, before me, a Notary Public within

and for said County and State, personally appeared Willie Morris, Jr. 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.

Louise D. Hunsberr
Notary Public, State at Bay County, Alabama.

My commission expires Jan. 1973

STATE OF ALABAMA,

SS.

I, _____, residing at _____,

SEE MEDICAL REPORT ATTACHED

M. D.

IN THE CIRCUIT COURT.

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, and the Court finding that said lump sum settlement is in the best interest of Employee.

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.

Jeffrey J. Madolebuen
Circuit Judge.

Willie Maria B.
Employee

I, Lance D. Wenzel, Notary Public, Baldwin County, Alabama, hereby certify that Willie Morris, Jr. whose name is signed to the foregoing Satisfaction and who is known to me, acknowledged before me on this date that being informed of the contents of the Satisfaction, he executed the same voluntarily on the day the same was date.

Given under my hand this 12 day of August, 1971.

My Commission expires:

(NOTARIAL SEAL)

Against

VQL

68 PAGE 055

By

STANDARD FORM FOR SURGEON'S REPORT

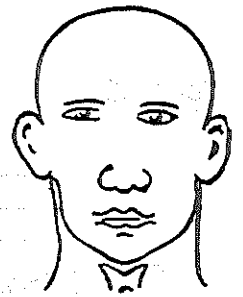
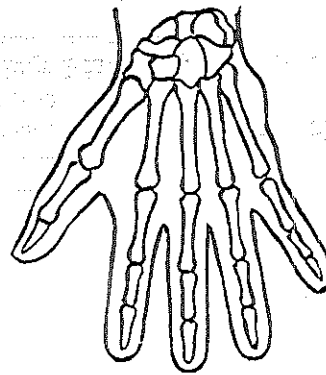
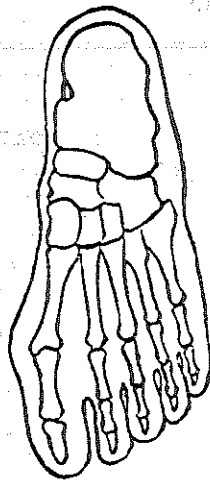
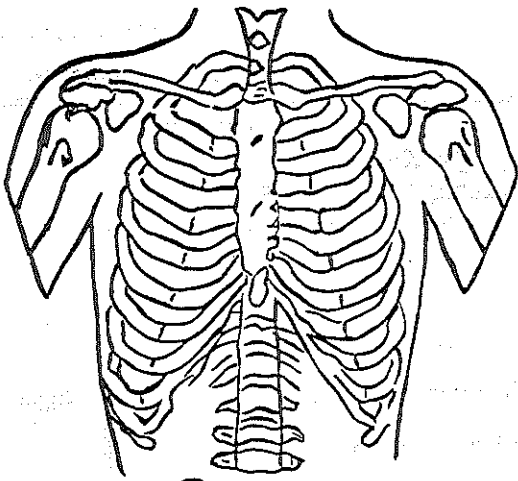
Approved by I. A. I. A. B. C.

Complete and send immediately two copies to
CLAIM DEPARTMENT

AMERICAN MUTUAL LIABILITY INSURANCE CO.
3301 NORTH CAUSEWAY BLVD., P.O. BOX 7148
METAIRIE, LOUISIANA 70002

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

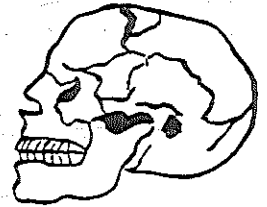
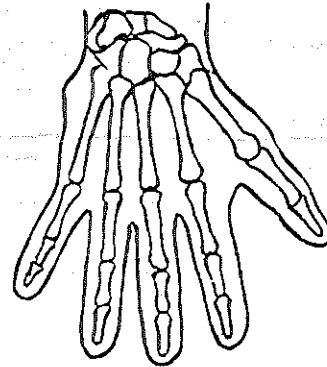
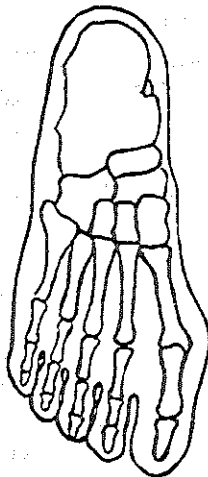
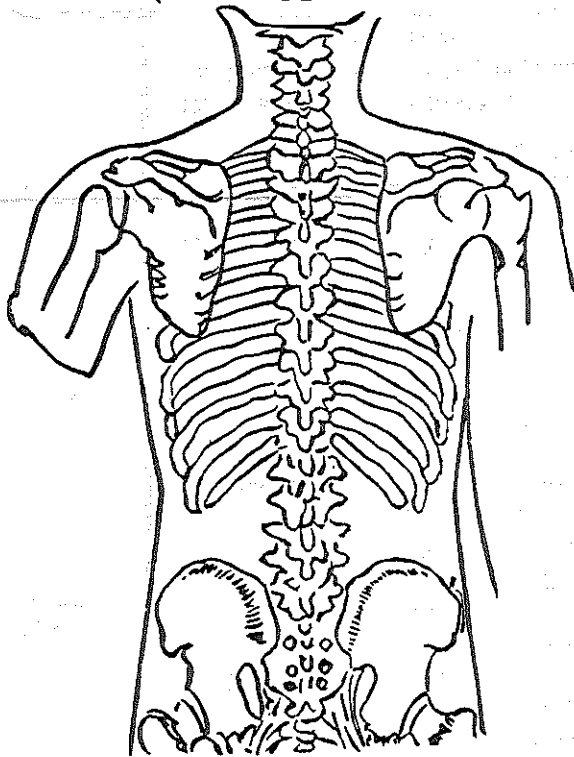
The Patient	1. Name of Injured Person: <u>Willie Morris, Jr.</u> Age: <u>Male</u> 2. Address: No. and St. <u>Bay Minette</u> City or Town <u>Ala.</u> State <u>36507</u> Zip Code 3. Name and Address of Employer: <u>Baldwin Pole & Piling Co.</u> <u>Bay Minette, Ala.</u>
The Accident	4. Date of accident <u>9-22-70</u> Hour <u> </u> M. Date disability began <u>9-22-70</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 Dorsum of Left Foot (See previous reports)</u> 7. Will the injury result in (a) Permanent defect? <u>Yes</u> If so, what? <u>50% disability of Left Foot</u> (b) Facial or head disfigurement? <u> </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> </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> </u> Give particulars: <u> </u> 11. Has normal recovery been delayed for any reason? <u> </u> Give particulars: <u> </u>
Treatment	12. Date of your first treatment: <u> </u> Who engaged your services? <u> </u> 13. Describe treatment given by you: <u> </u> 14. Were X-Rays taken? <u> </u> By whom? <u> </u> (Name and Address) <u> </u> When? <u> </u> 15. X-Ray diagnosis: <u> </u> 16. Was patient treated by anyone else? <u> </u> By whom? <u> </u> (Name and Address) <u> </u> When? <u> </u> 17. Was patient hospitalized? <u> </u> Name and address of hospital: <u> </u> 18. Date of admission to hospital: <u> </u> Date of discharge: <u> </u> 19. Is further treatment needed? <u> </u> For how long? <u> </u>
Disability	20. Patient <u>was</u> able to resume regular work on: <u> </u> 21. Patient <u>was</u> able to resume light work on: <u> </u> 22. If death ensued give date: <u> </u>
REMARKS: (Give any information of value not included above) <u> </u> I am a duly licensed physician in the State of <u>Alabama</u> I was graduated from <u>Tulane University</u> Medical School in <u>New Orleans</u> Year <u> </u> Date of this report: <u>May 25, 1971</u> (Signed) <u> </u> This report must be signed personally by physician. Address: <u>Bay Minette, Ala. 36507</u> Telephone <u>937 2321</u>	



MARK FACIAL OR
HEAD DISFIGUREMENT

LEFT HAND

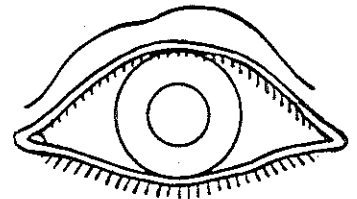
LEFT FOOT



SKULL

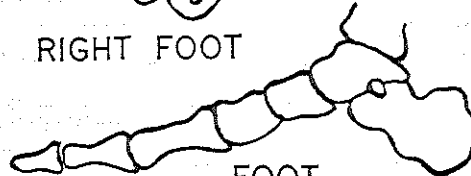
RIGHT HAND

RIGHT FOOT

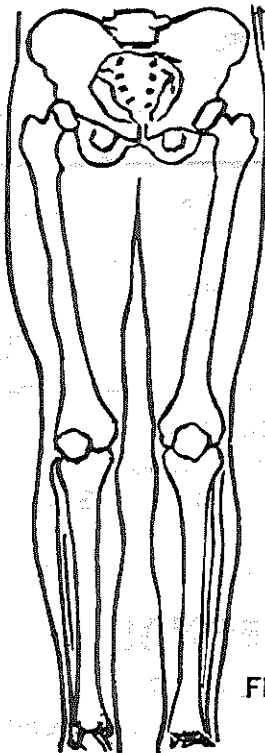


STATE WHETHER
RIGHT OR LEFT EYE

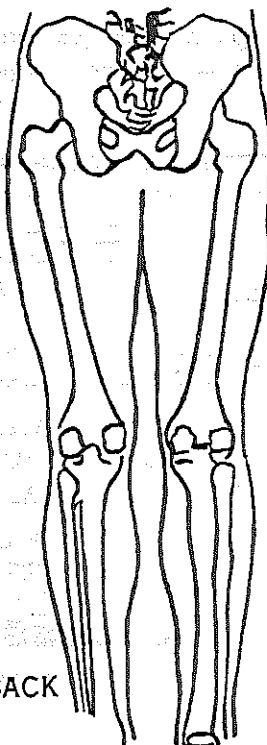
FOOT



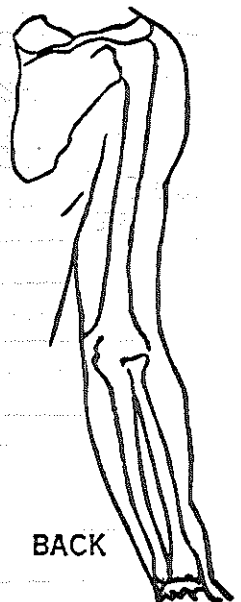
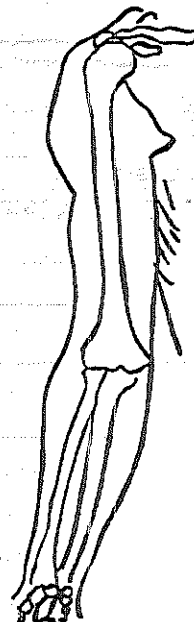
INDICATE WHETHER
RIGHT OR LEFT ARM



FRONT BACK



FRONT



BACK