

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 Raymond C. Christensen, doing business as Christensen Paint Company, 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 Woodrow Walker.

Dated this _____ day of June, 1972.

Clerk

WOODROW WALKER,

Petitioner,

vs.

PETITION FOR SETTLEMENT

CASE NO. 10,439

RAYMOND C. CHRISTENSEN,
doing business as
Christensen Paint
Company,

Defendant.

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 48, residing at Route 1, Foley, Alabama, who can read and understand the English language, did, on the 18th day of February, 1972, sustain an injury by accident while employed by said em-

ployer, which injury occurred in Baldwin County, Alabama, resulting in loss of left index finger.

That said employee was receiving at the time of injury, wages at the rate of \$113.16 per week.

Therefore, it is hereby agreed that the employee is entitled to receive compensation for said injury from the employer beginning April 24, 1972, at the rate of \$55.00 per week for 43 weeks. That said employee has, to the date hereof, been paid \$510.72 for temporary total disability and is not deductible from the amount of compensation due for permanent partial disability and therefore, the employee is now entitled to compensation having a lump sum present commuted value of \$2,306.90. 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.

FILED

This 7th day of June, 1972.

JUN 7 1972

EUNICE B. BLACKBURN CIRCUIT
CLERK

Woodrow Walker
Employee

CHRISTENSEN PAINT COMPANY,

By: *A. S. Christensen*
Employer

FILED

JUN 7 1972

EUNICE B. BLACKMON CIRCUIT
CLERK

FILED

WCC Form 5—

Revised 9-1-43

JUN 7 1972

STATE OF ALABAMA
Department of Industrial Relations
Workmen's Compensation Division
Montgomery

WCC No. _____

Emp. No. _____

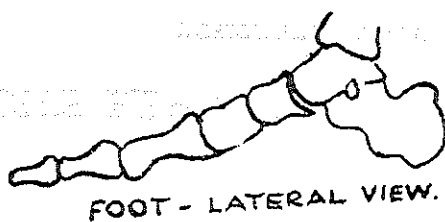
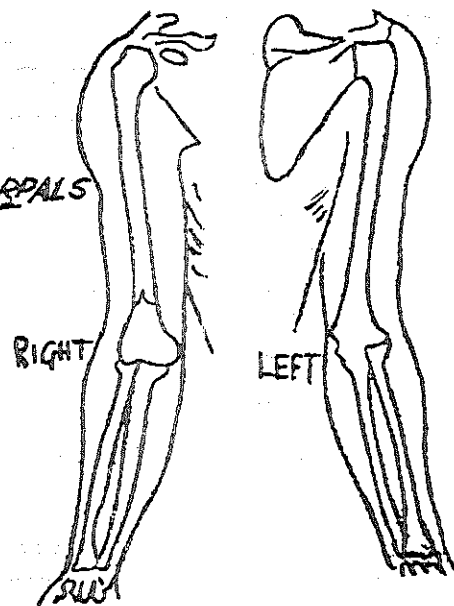
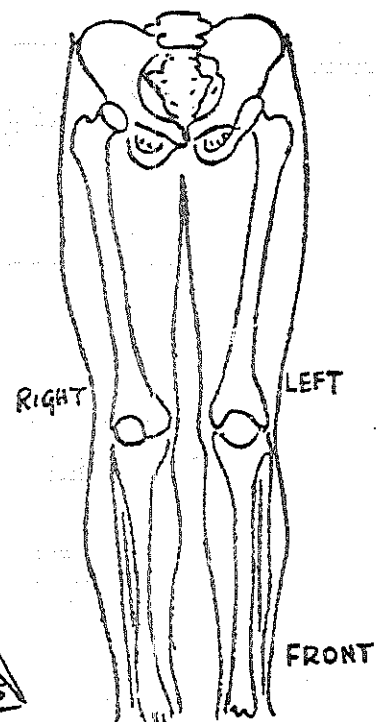
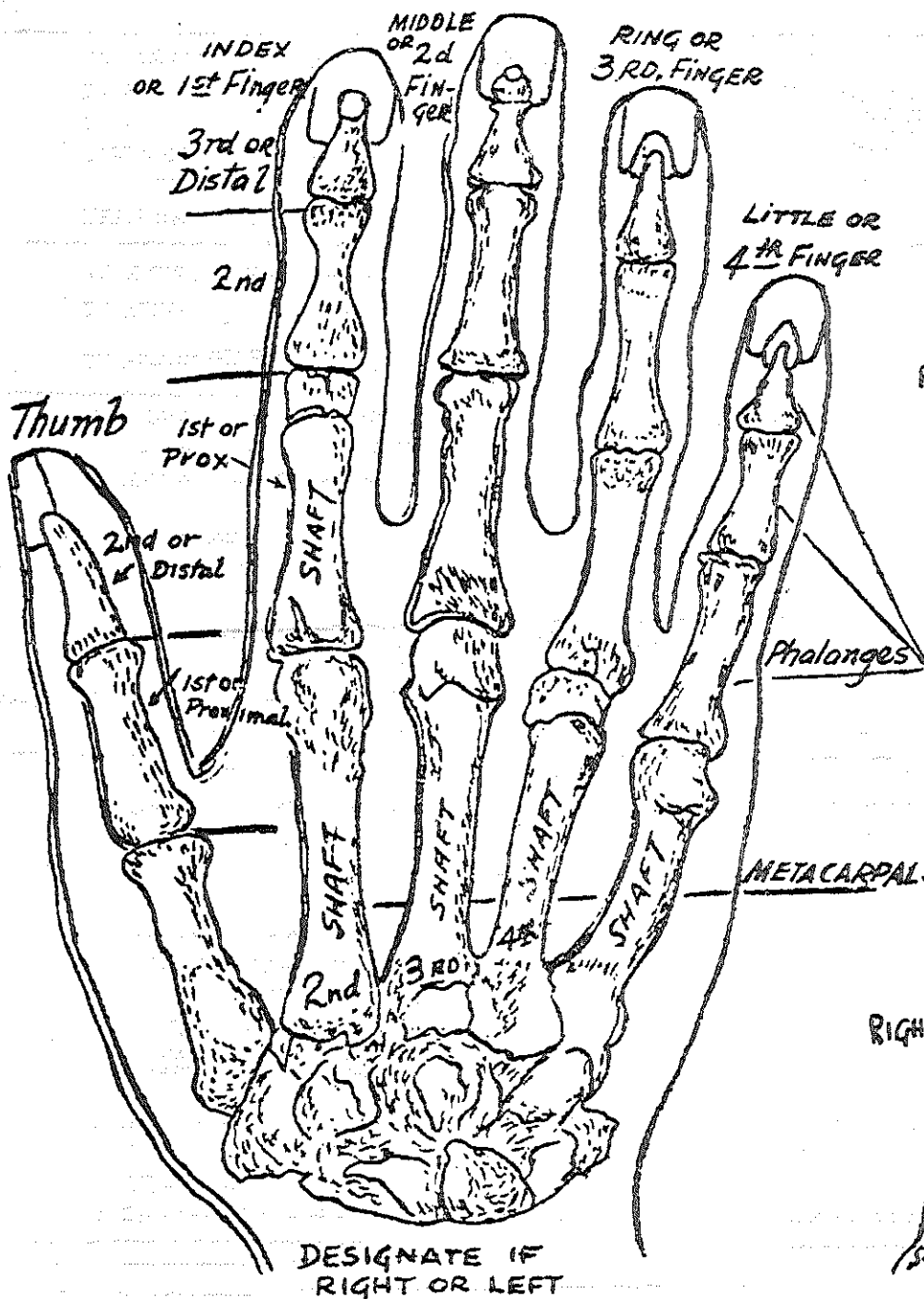
CLINICAL RECORD CIRCUIT
SURGEON'S REPORT.

Required only upon Department's
specific request.

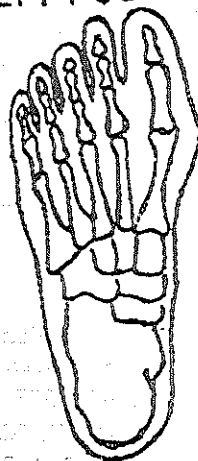
DESIGNATE POINTS OF AMPUTATIONS ON CHARTS ON REVERSE.

The Patient	1. Name of Injured Person: <u>Mr. Woodrow Walker</u> Age: <u>48</u> Sex: <u>M</u> 2. Address: No. and St. <u>Rt. 1</u> City or Town <u>Foley</u> State <u>Ala.</u> 3. Name and Address of Employer: <u>Christensen Paint Co.</u>
The Accident	4. Date of accident: <u>2/18/72</u> Hour _____ M. Date disability began: <u>Same</u> 5. State in patient's own words where and how accident occurred: <u>Six days ago-injured-paint spray gun</u> <u>filled left index finger with paint.</u>
The Injury	6. Give accurate description of nature and extent of injury and state your objective findings: <u>High pressure paint injury, left index finger.</u> 7. Will the injury result in (a) Permanent defect? <u>yes</u> If so, what? <u>Loss of left index finger.</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>no</u> Give particulars: _____
Treatment	<u>Foley, Ala.</u> 12. Date of your first treatment: <u>2/24/72</u> Who engaged your services? <u>Dr. Julius Michaelson</u> 13. Describe treatment given by you: <u>2/27/72 Surgical exploration of left index finger.</u> <u>3/14/72 Metacarpal resection, left index.</u> 14. Were X-Rays taken? <u>yes</u> By whom? <u>office</u> When? <u>2/24/72</u> (Name and Address) 15. X-Ray diagnosis: <u>X-rays show the foreign material.</u> 16. Was patient treated by anyone else? <u>yes</u> By whom? <u>Dr. J. Michaelson,</u> When? <u>2/18/72</u> (Name and Address) 17. Was patient hospitalized? <u>yes</u> Name and address of hospital: <u>Doctors Hospital, Mobile, Ala.</u> 18. Date of admission to hospital: <u>2/27/72 & 3/13/72</u> Date of discharge: <u>3/13/72 & 3/16/72</u> 19. Is further treatment needed? <u>yes</u> For how long? <u>undetermined</u>
Disability	20. Patient ^{was} will be able to resume regular work on: <u>Approx. end of April, 1972</u> 21. Patient ^{was} will be able to resume light work on: _____ 22. If death ensued give date: _____
REMARKS: (Give any information of value not included above) _____ I am a duly licensed physician in the State of <u>Alabama</u> I was graduated from <u>Harvard</u> Medical School in <u>Mass.</u> Year <u>1944</u> Date of this report: <u>4/11/72</u> (Signed) <u>[Signature]</u> This report must be signed personally by physician. Address: <u>1761 Spring Hill Ave. Mobile</u> Telephone <u>479-7401</u>	

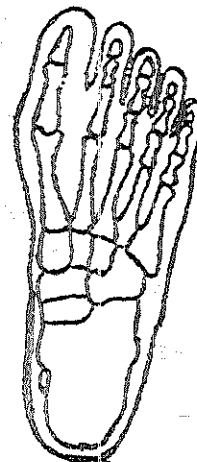
WCA-1



LEFT FOOT



RIGHT FOOT



STATE OF ALABAMA

BALDWIN COUNTY

WOODROW WALKER,

Petitioner,

ORDER

APPROVING SETTLEMENT

vs.

AND PETITION

RAYMOND C. CHRISTENSEN,
doing business as
CHRISTENSEN PAINT COMPANY

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 forty-three (43) weeks beginning April 24, 1972, at the rate of Fifty-five Dollars (\$55.00) per week, having a present commuted lump sum value of Two Thousand Three Hundred Six Dollars and Ninety Cents (\$2,306.90) 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 7th day of June, 1972.

J. J. A. Masleberry
Circuit Judge

FILED

JUN 7 1972

EUNICE B. BLACKMON CIRCUIT
CLERK

Book 13
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CHASON, STONE & CHASON

ATTORNEYS AT LAW

P. O. BOX 120

BAY MINETTE, ALABAMA 36507

JOHN CHASON
NORBORNE C. STONE, JR.
JOHN EARLE CHASON
EBERHARD E. BALL

10,439
TELEPHONE 937-2191

June 7, 1972

The undersigned Woodrow Walker does hereby acknowledge receipt of Claim Draft No. 1 09 534 974 J issued June 6, 1972 on State Farm Insurance Company payable to Woodrow Walker as per decree dated June 7, 1972 in the sum of \$2,306.90 as a lump sum settlement of a workmen's compensation claims against Raymond C. Christensen, doing business as Christensen Paint Company, for an accident which occurred February 18, 1972. This check is accepted in full payment of the judgment of the Circuit Court of Baldwin County, Alabama, on June 7, 1972, in the above matter.

Dated this 7th day of June, 1972.

Woodrow Walker
Woodrow Walker

FILED

JUN 7 1972

EUNICE B. BLACKMON CIRCUIT
CLERK