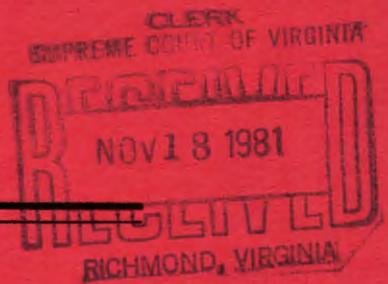


223 Va 197



IN THE
Supreme Court of Virginia
AT RICHMOND

RECORD NO. 810356

ROBERT CLARK

Appellant

v.

UNITED AIRLINES

Appellee

JOINT APPENDIX

Barry A. Stiefel, Esq.
Ashcraft & Gerel
4660 Kenmore Avenue
Suite 220
Alexandria, VA 22304

Counsel for Appellant

Robert W. Dowler
605 Park Avenue
P. O. Box 751
Falls Church, VA 22046

Counsel for Appellee

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NOTICE OF APPEAL

TO: Mary W. Ragland, Secretary
Industrial Commission of Virginia
Post Office Box 1794
Richmond, Virginia 23214

Claimant Robert Clark, by counsel, hereby gives Notice of Appeal from the final decision of the Industrial Commission of Virginia, dated January 28, 1981, and hereby states, as required by Rule 5:19(b), as amended, of the Supreme Court of Virginia, that he specifically challenges the sufficiency of the evidence and the Commission's interpretation and furthermore we raise the issue of due process as to the claimant.

DATED THIS 13th day of February, 1981.

ROBERT CLARK, Claimant

By: [Signature]

Counsel

ASHCRAFT & GEREL

By: [Signature]

Barry A. Stiefel
4660 Kenmore Avenue, Suite 220
Alexandria, Virginia 22304
Counsel for Claimant

DOCKET FOR 12/23/81

DATE OF LAST PAYMENT 12/18/81

APPLICATION FILED Jan 23 1981

REFERRED TO DOCKET BY [Signature]

cc: Atty Douglas 1.

To Va. Industrial Comm.

I am writing this in addition to a phone call to Mrs. Condrey concerning an occupational injury (struck by lightning) while working at ~~National Airport~~ ^{for} United Air Lines. I was sent by doctor to two different orthopedic specialists & bills were sent to Hartford Ins. Co. who handles our injury insurance and they refused to pay them. I was off work at the time of the injury 9 days & did not have a hearing of any kind however I did receive my full wages in my regular paycheck. If you need any more information I would be glad to come down or you could call Mr. Frank Knotts or Bill Haper at National Airport (UAL) 2.
Sec UAL Inc. Thank you, Robert Clark

Rec'd 2-9-79

ATLANTIC RECORD CALENDAR 1975

HOUSE DATES
 RECORD OF EVENTS
 RECORD OF OBSERVATIONS

NAME: **CLARK R.** *Seif*
 BIRTHDAY DATE: _____

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3 3

COMMONWEALTH OF VIRGINIA



999

DEPARTMENT OF WORKMEN'S COMPENSATION
INDUSTRIAL COMMISSION OF VIRGINIA
 P. O. BOX 1794 RICHMOND, VIRGINIA 23214

February 16, 1979

EMPLOYEE AND ADDRESS

Clark, Robert
 15820 Cardinal Drive
 Woodbridge, Va. 22191

INSURANCE CARRIER AND ADDRESS

Hartford Accident & Indemnity Co.
 P.O. Box 3009
 Alexandria, Va. 22302

EMPLOYER

United Airlines
 Seat U. A. L. Inc.

self insured
 servicing agency

Accident Date
 Nature of Injury
 I.C. FILE NO.
 Carrier File No.

~~Unknown~~ 9-24-75
 struck by lightning
 611-772

vw
 v

Corrected
 11-13-80
 R.W.
 2/7
 9-24-75
 322

Gentlemen: We have received report of an accidental injury captioned as above:

WE HAVE:	PLEASE FILE:
_____	<u> x </u> _____
_____	<u> x </u> _____
_____	<u> x </u> _____
_____	_____
_____	_____
copy att. <u> x </u> _____	_____

- Employer's First Report of Accident, Form No. 3
- Attending Physician's Report, Form No. 6
- Memorandum of Agreement, Form No. 4
- Supplemental Return to Work Report, Form No. 3a
- Application for Hearing
- Information letter from claimant

After first filing is made, do not file further forms or reports until file number is furnished you by the Claims Division.
 Please report at once any error in the above.

Very truly yours,
INDUSTRIAL COMMISSION OF VIRGINIA

USE ABOVE RED I.C. FILE NUMBER ON ALL COMMUNICATIONS TO THE INDUSTRIAL COMMISSION

4.

March 13, 1979

File No. 611-772 -- Robert Clark --- vs --- United Airlines - See: U.A.L.,
Accident: unknown Inc.

Mr. Robert Clark
15820 Cardinal Drive
Woodbridge, Virginia 22191

Dear Mr. Clark:

Your letter received by the Commission on February 9, 1979 inquiring about a compensation claim did not give us the date of accident. It is our understanding that your accident occurred on September 24, 1975, and under the Virginia Law, you had only two years from that date to file a claim in writing with the Industrial Commission.

Since there is no indication that your medical treatment exceeded \$500.00 or that you had lost over seven days from work, the carrier was under no obligation to file any report with the Commission rather than from a statistical standpoint.

No medical reports have been filed with the Commission indicating you have sustained any disability or medical treatment caused by the injury, and in view of this and the fact that it appears the time limitation has run, we are taking no further action on this matter unless we are requested to do so by one of the parties.

Very truly yours,

INDUSTRIAL COMMISSION OF VIRGINIA

Charles G. James,
Chief Deputy Commissioner

CGJ:hr

CC: Hartford Accident and Indemnity Company
P. O. Box 3009
Alexandria, Virginia 22302

55.

Virginia Industrial Com. cases.

Robert Clark

Dear Sir,

This letter is written by me.
Robert Clark requesting a hearing before
the Va. Comp. Board & my
Claim number is 611-772

Respectfully yours.

Robert Clark

6.

November 8, 1979

File No: 611-772 Robert Clark vs. United Airlines
Sees U A L Inc
Accident: unknown

Robert Clark
13820 Cardinal Drive
Woodbridge, Virginia 22191

Dear Mr. Clark:

We have your letter requesting that this case be placed on the docket for a hearing and this is being done. All parties will be advised as to the time and place of the hearing.

Very truly yours,

INDUSTRIAL COMMISSION OF VIRGINIA

Claims Assistant

BC:frb

cc: Hartford Accident & Indemnity Company
P. O. Box 3009
Alexandria, Virginia 22302

7

7

November 19, 1979

File No. 611-772 ---- Robert Clark ---- Vs ---- United Airlines (U.A.L. Inc.)
Accident: Unknown

Hartford Accident and Indemnity Company
P. O. Box 3009
Alexandria, Virginia 22302

Gentlemen:

You received a copy of the claimant's letter when we sent you the blue letter. We have another letter from the claimant requesting a hearing before the Compensation Board and we are attaching a copy.

While the employee does not set forth the purpose of the hearing, he has advised us that he received sick pay for his time off from work and he thinks it should be covered under workmen's compensation. We have had cases where the employers payment of sick leave kept an employee from filing an application for hearing and such cases have been held to toll the statute of limitations. This is why the case is being placed on the Hearing Docket.

Very truly yours,

INDUSTRIAL COMMISSION OF VIRGINIA

Charles G. James
Chief Deputy Commissioner

CGJ:hr

CC: Mr. Robert Clark
15820 Cardinal Drive
Woodbridge, Virginia 22191

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

SUITE 220

4660 KENMORE AVENUE

ALEXANDRIA, VIRGINIA 22304

(703) 751-7400

ROCKVILLE, MD. 20852
SUITE 1002
ONE CENTRAL PLAZA
11300 ROCKVILLE PIKE
(301) 770-3737

WASHINGTON, D.C. 20037
SUITE 303
2101 L STREET, N.W.
(202) 783-6400

BALTIMORE, MD. 21202
SUITE 805
10 EAST BALTIMORE STREET
(301) 539-1122

MARYLAND

MARTIN E. GEREL
LEONARD J. RALSTON, JR.
THOMAS F. SANTER
MARK L. SCHAFFER
ROBERT G. SAMET
DAVID M. LACIVITA
ALLEN J. LOWE
PETER T. NICHOLL

VIRGINIA

LEE C. ASHCRAFT
LAWRENCE J. PASCAL
J. HUNT BRASFIELD
PETER M. SWEENEY
WAYNE M. MANSULLA
BARRY A. STIEFEL

DISTRICT OF COLUMBIA

LEE C. ASHCRAFT
MARTIN E. GEREL
LEONARD J. RALSTON, JR.
LAWRENCE J. PASCAL
JAMES A. MANNING
THOMAS F. SANTER
J. HUNT BRASFIELD
MARK L. SCHAFFER
ROBERT B. ADAMS
WAYNE M. MANSULLA
JAMES F. GREEN
WILLIAM F. MULRONEY
DAVID M. LACIVITA
ALLEN J. LOWE
PETER M. SWEENEY
TIMOTHY F. X. CLEARY
ROBERT G. SAMET
WILLIAM C. BURG
PATRICK S. GUILFOYLE

November 21, 1979

Industrial Commission of Virginia
Department of Workmen's Compensation
Richmond, Virginia 23214

Re: Robert Clark v. United Airlines (U.A.L. Inc.)
I. C. #611-772

Gentlemen:

This law firm represents Mr. Robert Clark in connection with the injuries he sustained in an industrial accident which occurred on September 24, 1975.

On the date of accident at approximately 5:00 p.m., the claimant was directing a United 727 airplane for takeoff. During this procedure a tremendous bolt of lightning struck the airplane burning a 2-inch area off the antennae, causing the ground wires to become "white" hot, knocking out the plane's radio and lighting up the entire airplane like a Roman candle. The claimant was struck by this lightning, thrown into the air and knocked over on his face. A subsequent investigation revealed that an area of concrete approximately 6 inches below his boots was torn away.

Claimant received treatment at the Alexandria Hospital and was subsequently seen by Dr. Adel Antoun in Woodbridge, Virginia. He also has had treatment by doctors at National Airport who examined and treated him on behalf of the airline. He was recently seen by Dr. Stephen Levin, and I have enclosed a copy of the doctor's report.

Also enclosed are copies of the claimant's attendance records for 1975, 1978 and 1979. We will shortly be forwarding records from 1976 and 1977. The records indicate lost time from work as a result of the injury by the letter "I." The claimant was paid full injury leave and for this reason, as well as many others, did not file a claim with the Industrial Commission.

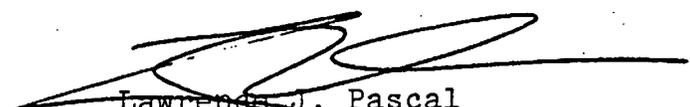
Industrial Commission of Virginia
November 21, 1979
Page 2

Mr. Clark has worked for the company for 28 years, having started working in 1952. He has been an excellent employee over that period of time. His only reason for pursuing a claim at this time is for payment of medical bills and so that he can continue to work and be a productive member of the company's employment force. In addition, the claimant's hospitalization insurance company has indicated that they will not make payment under the provisions of the policy due to the circumstances of the accident.

By copy of this letter, I am requesting that the insurance carrier forward copies of all available medical reports in this regard, along with a copy of the Employer's First Report of Injury.

We shall undertake to keep the Commission advised of the status of this matter.

Very truly yours,



Lawrence J. Pascal

LJP: sf

cc: Ms. Margaret Hale
Hartford Insurance Company
cc: Mr. Robert Clark

berkeley orthopaedic associates, ltd.

practice limited to orthopaedic surgery

5021 seminary road

alexandria, virginia 22311

telephone 931-0233

stephen m. levin, m.d., f.a.c.s.

MEDICAL REPORT:

ROBERT CLARK

DATE OF EXAMINATION:

JANUARY 22, 1979

This is a 55 year old male who was first injured in 1975 when he was electrocuted when the plane he was in was struck by lightning. He was reportedly knocked about and knocked unconscious. He was taken to ER of Alexandria Hospital where he was treated, x-rayed and released. He subsequently developed pain radiating down his right leg particularly in the back of his right thigh. He was seen by his family physician and by an orthopaedic surgeon and since then has had symptomatic treatment with injections, massage and exercises.

He has some chronic pain he says pretty much all the time which is now a dull ache. The sharper, more disabling pain occurs after sitting any length of time such as driving and walking distances. He considers himself moderately limited in walking, sitting and running. Otherwise he feels that he is normal in lifting, bending, standing, resting in bed and so on.

About two weeks ago he had an acute episode of pain. He was treated with an injection of cortisone in the back and also did some stretching exercises at home and some massage and that seemed to relieve his acute problem.

Significant past history is he had an injury to his right foot in W.W.II. It ended with a fusion of the midtarsal joint. Patient takes Motrin 4 times a day and says it helps. He also states he has some arthritis in his knees, probably degenerative. There is no prior history of significant back problems.

On examination patient is 55 years old, 205 pounds, 6'. He stands erect, pelvis level. He walks with a slight limp on the right. It is

difficulty to ascertain just where the limp is coming from. He can forward flex touching his mid shin level. Back extension is not a cause of problems. Walking on his toes is difficult for him because of the previous problem with his right foot. It does not seem to be any muscle weakness.

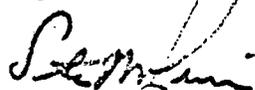
In the sitting position knee and ankle jerks are equal. Straight leg raising on the right does cause him to lean backwards and grasp the table. In the recumbent position leg lengths are equal and there is no measureable atrophy of the thighs but the right calf shows 3-4 cm. of atrophy as compared to the left. Patient attributes this to his previous injury to his foot. The right foot is also smaller and stiff in the mid tarsal region and resultant scars of surgery. There are no sensory changes and no motor changes noted.

Straight leg raising in the recumbent position is positive on the right at about 60 degrees. Normal on the left. In straight leg raising the soreness seems to be in the right buttock and S.I. region. Directly stressing over the lumbar spine and S.I. joints does not seem to cause any localized discomfort. There is no tenderness along the course of the sciatic nerve.

Impression: Mr. Clark seems rather straight forward. His complaints are consistent with sciatic nerve irritation on the right.

It is my feeling he needs a series of further studies but I didn't want to go into it until I have a letter of clearance from the insurance company.

I feel he ought to have routine x-rays of his lumbosacral spine again, an EMG to discern if there is any nerve damage to the sciatic nerve and quite possibly a mylogram to see if it is related to any disc pressure. The possibilities are that Mr. Clark has some sciatica related to the electrical shock to the nerve and there is little that can be given to him to help him for this except the symptomatic treatment that has helped him in the past. If, however, there is a ruptured disc, secondary to the trauma then surgical removal might give him a more permanent relief.



Stephen M. Levin, M.D.

SML:lm

cc: Hartford

dictated but not read

12
12

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UNITED AIRLINES
 ATTENDANCE RECORD CALENDAR
 1975

COLOR DATES:
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NAME **CLARK R.**
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Attendance Record Calendar 1978

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Attendance Record Calendar 1978

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611-772
4117

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

SUITE 220

4660 KENMORE AVENUE

ALEXANDRIA, VIRGINIA 22304

(703) 791-7400

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11300 ROCKVILLE PIKE
(301) 770-3737

WASHINGTON, D.C. 20037
SUITE 303
2101 L STREET, N.W.
(202) 783-6400

BALTIMORE, MD. 21202
SUITE 805
10 EAST BALTIMORE STREET
(301) 539-1122

November 21, 1979

MARYLAND

MARTIN E. GEREL
LEONARD J. RALSTON, JR.
THOMAS F. SANTER
MARK L. SCHAFFER
ROBERT G. SAMET
DAVID M. LACIVITA
ALLEN J. LOWE
PETER T. NICHOLL

VIRGINIA

LEE C. ASHCRAFT
LAWRENCE J. PASCAL
J. HUNT BRASFIELD
PETER M. SWEENEY
WAYNE M. MANSULLA
BARRY A. STIEFEL

DISTRICT OF COLUMBIA

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TIMOTHY F. X. CLEARY
ROBERT G. SAMET
WILLIAM C. BURG
PATRICK S. GUILFOYLE

Ms. Barbara Condrey
Industrial Commission of Virginia
Department of Workmen's Compensation
Richmond, Virginia 23214

Re: Robert Clark v. United Airlines (U.A.L. Inc.)
I. C. #611-772

Dear Ms. Condrey:

Reference is made to the above captioned matter.

We understand that the claimant has requested a hearing in this case. We request, however, that this be withheld from the hearing docket until we can make a decision regarding the appropriate jurisdiction in which to pursue the claim.

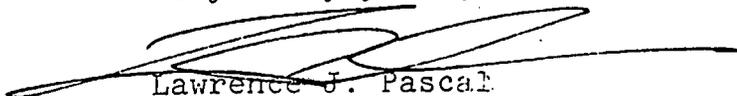
At this time, we request that the Industrial Commission issue a subpoena for the production of records to:

United Airlines (U.A.L., Inc.)
c/o Washington National Airport
Washington, D. C.
Attention: Director of Personnel

to produce: Any and all medical and other records (for treatment rendered by the doctors at National Airport) pertaining to the injuries sustained in the industrial accident, as well as all leave records, personnel files and any other records concerning the claimant, Mr. Robert Clark.

Thank you for your assistance in this regard.

Very truly yours,


Lawrence J. Pascal

LJP: sf

~~Wartford Accident & Indemnity Co. 16~~
~~Subpoena issued 1/2/80~~ ~~17/80~~ ~~Wm. England~~

November 26, 1979

File No. 611-772 ---- Robert Clark ---- VS ---- United Airlines (U.A.L.)
Accident: Unknown

Lawrence J. Pascal, Attorney at Law
4660 Kemmons Avenue, Suite 220
Alexandria, Virginia 22304

Dear Mr. Pascal

We are acknowledging your telephone call to the Commission of November 21, 1979 indicated that this claim may be filed in the District of Columbia rather than in Virginia. We will appreciate your advice on this matter as we have not placed the claim on the Hearing Docket.

Very truly yours,

INDUSTRIAL COMMISSION OF VIRGINIA

Charles G. James
Chief Deputy Commissioner

CGJ:hr

CC: Hartford Accident and Indemnity Company
P. O. Box 3009
Alexandria, Virginia 22302

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

DISTRICT OF COLUMBIA

LEE C. ASHCRAFT
MARTIN E. GEREL
LEONARD J. RALSTON, JR.
LAWRENCE J. PASCAL
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MARYLAND

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VIRGINIA

LEE C. ASHCRAFT
LAWRENCE J. PASCAL
J. HUNT BRASFIELD
PETER M. SWEENEY
WAYNE M. MANSULLA
BARRY A. STIEFEL

December 3, 1979

Chief Deputy Commissioner C.G. James
Industrial Commission of Virginia
Richmond, Virginia 23214

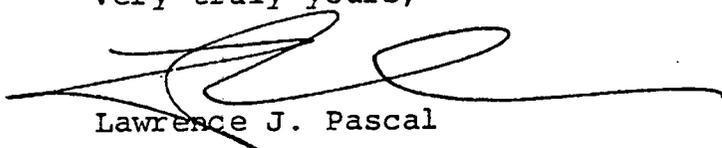
RE: Robert Clark v. United Airlines
I.C. File: 611-772

Dear Sir:

Reference is made to your letter of November 26, 1979, regarding the above case.

Please be advised that we are pursuing this claim in Virginia, and we, therefore, request that this case be referred to the hearing docket.

Very truly yours,


Lawrence J. Pascal

LJP/blg

cc: Hartford Accident & Indemnity Company

18

DOCKET FOR	<i>Riley and his</i>
DATE OF LAST PAYMENT	<i>12/14/79</i>
AMOUNT PAID	<i>12/20/79</i>
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BY	

18

611-772
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MOUNTFORT, FURR, DOWLER & JACKSON
ATTORNEYS AT LAW
605 PARK AVENUE
FALLS CHURCH, VIRGINIA 22046

January 8, 1980

532-4366
AREA CODE 703

RICHARD W. MOUNTFORT
HENRY R. FURR
ROBERT W. DOWLER
DAVID B. JACKSON
HAROLD M. WALKER, JR.

Industrial Commission of Virginia
Department of Workmen's Compensation
P.O. Box 1794
Richmond, Virginia 22302

Re: Clark vs. United Airlines
I.C. Claim No: 611-772
Hartford File No: 338 C 76593

Gentlemen:

Please be advised that this office represents United Airlines and its workmen's compensation insurance carrier, The Hartford Accident & Indemnity Insurance Company, with reference to the captioned claim.

Enclosed please find Interrogatories, copies of which have been submitted to the claimant, and we respectfully request that the claimant file Answers on or before January 24, 1980. The Interrogatories are necessary in order for us to prepare for the hearing since we do not have information to defend the claim alleged by Mr. Clark.

The defendants request that the Industrial Commission issue subpoenas duces tecum for the medical records of the claimant from the following doctors:

Adel L. Antoun, 14332 Jefferson Davis Highway, Woodbridge, Virginia 22191; Sheriff of Prince William County.

Stephen Levin, 5021 Seminary Road, Alexandria, Virginia, 22311; Sheriff of Fairfax County.

Very truly yours,

ROBERT W. DOWLER

RWD:d1r

Enclosure

cc: Lawrence J. Pascal, Esquire
Mary D. Welch, Hartford
United Airlines

20
20



INTERROGATORIES

TO: ROBERT CLARK
c/o Lawrence J. Pascal, Esquire
Suite 220, 4660 Kenmore Avenue
Alexandria, Virginia 22304



PLEASE TAKE NOTICE that the defendant(s) require(s) you to answer separately and fully in writing and under oath, on or before the 24th day of January, 19 80, the following Interrogatories, in accordance with the Workmen's Compensation Act and Rules of the Industrial Commission, which answers must be signed by you.

a. These interrogatories are continuing in character so as to require you to file supplementary answers if you obtain further or different information before trial.

b. Where the name or identity of a person is requested, please state full name, home address and business address.

c. Unless otherwise indicated, these interrogatories refer to the time, place and circumstances of the occurrence mentioned or complained of in the pleadings.

d. Where knowledge or information or possession of a party is requested, such request includes knowledge of the party's agent, next friend, guardian, representatives and, unless privileged, his attorneys.

e. The pronoun "you" refers to the party to whom these interrogatories are addressed and the persons mentioned in paragraph (d) above.

1. State the date and time the industrial accident occurred.

2. State the location, giving address, description of the area, room, premises, or job site where the industrial accident occurred.

3. Identify, giving names, addresses, job titles, and phone numbers of all persons who have knowledge of the industrial accident and your injuries.

4. Identify, giving names, addresses, job titles, and phone numbers of all persons who were present on or about the location where the industrial accident occurred on the date of the accident. Designate which of these persons witnessed the accident.

5. Identify, giving names, addresses, job titles and phone numbers of all persons who were your supervisors, bosses, foremen, or superiors on or about the time of the accident.

6. Did you report the industrial accident and injuries to your employer?

7. If your answer to interrogatory No. 6 is in the affirmative, state:

a. The names, addresses, telephone numbers, and job titles of all persons to whom you reported the industrial accident, and designate those persons who are proper officials to receive the accident report.

b. The date, time, and place that you reported the accident.

c. Whether your report was written or oral.

d. Quote verbatim, or to the best of your recollection, the statement you made in reporting the accident and injuries.

8. As to the occurrence of the industrial accident, state:

a. In detail, the activity you were doing at the time.

b. Identify any equipment, machinery, or tools involved in the industrial accident.

c. The names, addresses, job description and telephone numbers of all persons involved in this accident.

d. Describe what happened to cause your injury.

e. Describe specifically all areas of the body where you felt pain or were otherwise injured or affected.

9. Have you ever suffered pain, injury, trauma, or received medical treatment to the areas of the body mentioned in your answer to interrogatory No. 8(e) either before or after the industrial accident which is the subject of the present claim?

10. If your answer to interrogatory No. 9 is in the affirmative, state:

a. The time, place, and producing cause of each occurrence.

b. Identify all persons, including doctors, giving names, addresses and telephone numbers, who have knowledge of each occurrence.

c. Give the complaints, treatment, and prognosis for which you consulted the doctors listed in interrogatory 10(b).

d. Give the names, addresses, and telephone numbers of all hospitals or medical facilities in which you were admitted, either as an out-patient or an in-patient.

11. Since the time of your industrial accident, have you resumed any type of employment?

12. If your answer to interrogatory No. 11 is in the affirmative, state:

a. The name, address, and telephone number of your employer.

b. The name, address, and phone number of your foreman or supervisor.

c. Describe the nature of your job.

d. Give the dates of employment.

e. State your average weekly wage.

13. If you have been employed since the date of the industrial accident but have terminated any employment, give the reason for the termination.

14. State the nature of the claim or defense you will rely on at the hearing.

15. What facts, medical reports or other evidence will you rely on at the hearing to establish the claim or defense?

16. Give the names, addresses, and telephone numbers of all persons who will testify on your behalf at the hearing, and for each person so named give a statement of the content of his testimony.

17. Have you terminated medical treatment? If so, give the reason and the date of termination.

18. State the type of industrial benefits and the period of disability which you are claiming by completing the following, if applicable:

a. Temporary total benefits from _____ to _____
(Date) (Date)
in the amount of \$ _____.

b. Temporary partial benefits from _____ to _____
(Date) (Date)
in the amount of \$ _____.

c. Medical expenses and/or vocational rehabilitation expenses in the amount of \$ _____ for treatment and/or training conducted by _____

(Name, address and phone number of doctor or school)

Attach copies of all bills.

d. _____ % loss of use of _____
(Injured part of body)

Attach a copy of each medical report relied on to substantiate the percent of loss of use.

UNITED AIRLINES, by counsel

MOUNTFORT, FURR & DOWLER
1077 Pennsylvania Avenue
Falls Church, Virginia 22046

By: Robert W. Dowler
ROBERT W. DOWLER

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY that a copy of the foregoing was mailed this 8th day of January, 1980, to Lawrence J. Pascal, Esquire, Suite 220, 4660 Kenmore Avenue, Alexandria, Virginia 22304.

Robert W. Dowler
ROBERT W. DOWLER

February 7, 1980

Robert W. Dowler, Esq.
605 Park Avenue
Falls Church, Virginia 22046

Re: Claim No. 611-772
Robert Clark v.
United Airlines

Dear Mr. Dowler:

Your January 29, 1980 request to pose interrogatories is granted. Twenty one days leave is extended to Mr. Pascal to file his answers.

Very sincerely,

INDUSTRIAL COMMISSION OF VIRGINIA

WILLIAM R. YATES
Deputy Commissioner

WRY:mfk

cc: Lawrence J. Pascal, Esq.

25

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

SUITE 220

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SUITE 303

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SUITE 805

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MARYLAND

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DISTRICT OF COLUMBIA

LEE C. ASHCRAFT
MARTIN E. GEREL
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ALLEN J. LOWE
PETER M. SWEENEY
TIMOTHY F. X. CLEARY
ROBERT G. SAMET
WILLIAM C. BURG
PATRICK S. GUILFOYLE

DMY 3, 75

February 22, 1980

Deputy Commissioner William R. Yates
Department of Workmen's Compensation
Industrial Commission of Virginia
Richmond, Virginia 23214

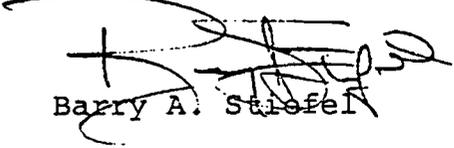
Re: Robert Clark v. United Airlines
I.C. File No. 611-772

Dear Commissioner Yates:

Enclosed herewith please find the Answers to Interrogatories as propounded to the claimant by the defendant in the above captioned matter.

By copy of this letter, we are forwarding copy of the Answers to Mr. Robert W. Dowler for his files.

Very truly yours,


Barry A. Stiefel

BAS:cam

Enclosures

cc: Robert W. Dowler, Esq.

FEB 26 1980

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26

JK

ANSWERS TO INTERROGATORIES

COMES NOW the Claimant, Robert Clark, and for his answers to the interrogatories propounded to him by the defendant, states as follows:

1. September 24, 1975, 5 O'clock p.m.
2. National Airport, on the concrete ramp.
3. Mr. Richard Ferris, President of United Airlines; Bill Hafer, Manager; Frank Knott, Manager; Frank Townes, Clerk; Mr. Stanaski, Mr. Gustousi, Mr. Barkley, Mr. Roberts, Mr. Roller - all Supervisors with employer; Mr. Jack Davis, Foreman on duty; Mr. Burlingham, Ramp Supervisor; Jack Kearney, mechanic; Donald Hoskin, lead mechanic; Airport Safety Director; Fritz Haffenrichter, ramp employee.
4. Those who witnessed my accident I believe to be of the above mentioned persons, Mr. Hoskin and Mr. Kearney. Those present or on or about the premises were all of the above named except for Mr. Richard Ferris.
5. See answer to Question 3 above.
6. Yes.
7. a. Supervisor on duty, Mr. Burlingham was notified as well as all of the above mentioned supervisors and managers.
b. Since I was unconscience, the accident was reported by third persons.
c. I believe oral.
d. Not applicable.
8. a. I was in the process of dispatching an airplane.
b. Tractor to push airplane; headset to talk to Captain with.
c. I was the only one involved in this accident.

d. To the best of my recollection, lightning struck the airplane, specifically at the large antenna, burning off part of it. The electrical current went through the radio set and into my earphones and as a result, into my body.

e. I felt pain all over my body after the injury, specifically the lower part of my legs were numb and both knees were extremely painful.

9. I had a previous injury to my foot in the Second World War which did not affect, nor was affected by this accident. Since my accident, I have had continual increasing pain of great severity in both knees.

10. a. Accident as indicated above.

b. Witnesses and lay persons having knowledge as indicated above. I have been treated by Dr. Stephen Levin; Dr. Adel L. Antoun and by the company physicians at the medical treatment room.

c. I have had continual pain throughout the lower portion of my body, specifically in the area of my knees. I have had pain in the back areas as well. I have been treated conservatively by the physicians indicated above. In addition to the problems with my knees, doctors have indicated that there is a possibility of sciatica related to the electrical shock. As I understand it my prognosis has been guarded. (Please see medical reports which are contained in the files of United Airlines)

d. Alexandria Hospital, Alexandria, Virginia.

11. Yes.

12. I am back to work for United Airlines. I began working back after the accident approximately 10 days. I have been working since that time except for intermittent periods that

I have had to tak off to see doctors or because I was unable to work in pain. My duties are the same as previously indicated. My average weekly wage has increased proportionate to annual and anniversary increases.

13. Have not been terminated.

14. My claim is for full compensation benefits resulting from my industrial accident of September 24, 1975. This includes full medical coverage for said injury as well as temporary total benefits for days missed.

15. I will rely on my factual testimony as well as the testimony of the above listed witnesses. In addition I intend to rely on the medical evidence contained in the file, specifically reports from Dr. Levin and Dr. Antoun as well as the company physician.

16. I intend to call all those listed as persons with knowledge of my accident in Question 3 above. This is including the president of the company, Mr. Richard Ferris with whom I had a personal conversation with regarding this accident approximately a week-and-a-half after the occurrence. At that time, Mr. Ferris indicated that everything would be taken care of. This is the same assurance that I received from my fellow workers, supervisors and foreman.

17. Have not terminated medical treatment.

18. a. From 9/24/75 to 10/4/75 and thereafter intermittent days in 1976, 1977 and 1978, (dates of which will be supplied in supplemental answers).

b. Not applicable.

c. Medical bills and treatment, bills which you have contained in your files, present total to date which will be

forwarded in supplemental answers.

d. Not applicable.

Respectfully submitted,
ROBERT CLARK, Claimant

Robert Clark

Subscribed and sworn to before me this 23rd day of
February, 1980.

Janet L. Hollins
Notary Public

My Commission expires:
5/1/81

(Commissioned as Janet L. Hollins)

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the
foregoing Answers to Interrogatories has been mailed this 22nd
day of February, 1980, postage pre-paid, to: ROBERT W. DOWLER,
Esquire, 107 Pennsylvania Avenue, Falls Church, Virginia 22046,
Counsel for Defendant.

Barry A. Stiefel
Barry A. Stiefel, Esquire
Counsel for Plaintiff

COMMONWEALTH OF VIRGINIA



(Refer to I.C. File No. in all correspondence about this injury.)

I.C. FILE NO. 611-772

CARRIER'S NO.

DATE OF ACCIDENT Unknown

DEPARTMENT OF WORKMEN'S COMPENSATION
INDUSTRIAL COMMISSION OF VIRGINIA
P. O. BOX 1794 RICHMOND, VIRGINIA 23214

*15/2/80
Notice of hearing
Robert Clark
accident*

NOTICE OF HEARING

RE: ROBERT CLARK
V.
United Airlines

TO THE PARTIES ADDRESSED:

A hearing will be held at:

City Hall Building
Court Room #4 (Room 201)
125 North Royal Street
ALEXANDRIA, Virginia

Claimant

Robert Clark
(notice to counsel)

MARCH 25, 1980 - at - 11:40 A.M.

Employer

United Airlines

SUBJECT OF HEARING

Claimant's letter application, by
counsel, filed Dec. 11, 1979.

Insurance Carrier

SELF INSURED
Hartford Accident & Indemnity Company
(notice to counsel)

This hearing is part of a schedule. Postponement
will cause inconvenience and extra expense. Continuance is
entirely within the discretion of the Commission except as
otherwise provided by law.

Claimant's Counsel

Mr. Strafe
~~Lawrence G. Pascal, Esq.~~
4660 Kanawha Avenue, Suite 220
Alexandria, Virginia 22304

All medical reports are to be submitted to this Commission
so they can be placed in the file prior to the date of hearing.
Medical reports are acceptable in lieu of physicians personal appearances.

Defendant's Counsel

Robert W. Dowler, Esq.
605 Park Avenue
Falls Church, Virginia 22046

The parties must arrange to have all witnesses present
and testify at the time and place designated. Failure of any
party to appear at the time and place herein prescribed
may result in action by the Commission as provided by law.

WILLIAM R. YATES, Deputy Commissioner

INDUSTRIAL COMMISSION OF VIRGINIA

Hearing before Deputy Commissioner TALTON at Alexandria, Virginia, on March 25, 1980.

DEPUTY COMMISSIONER TALTON:

Mr. Stiefel, what is the basis of the claim?

MR. STIEFEL:

Mr. Commissioner, we feel that this is an original application, the claimant was notified in 1979 for the first time that a claim had not been filed and that it was barred by the statute of limitations. We feel that the employer and or carrier is guilty of constructive fraud in that they induced Mr. Clark to believe that a claim had in fact been filed and that's the basis of our application. Furthermore, I would also like on the record to state that consistent with Commission's finding in cases such as these we would make a request for appropriate penalties and attorney's fees be assessed against the carrier.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler.

MR. DOWLER:

The defense, Your Honor, is the statute of limitations. The accident occurred in 1975. Also as far as constructive fraud, we deny that there was any fraud, constructive or otherwise, I think the law requires the claimant to prove it by clear and convincing evidence which is a higher standard of proof. Also the defense is that the accident was not an industrial accident in terms of Section 7 of the Act. It was caused by the element and finally, that there was no disability from work and that the present medical problems were not caused by the industrial accident.

DEPUTY COMMISSIONER TALTON:

Has the claimant been paid any benefits?

MR. STIEFEL:

Let me state the claimant's position. Medical treatment was provided to him which he did not have to pay for at the airline clinic. Medical bills in 1976 of a Dr. Adel Antoun were paid for by the carrier. I believe you have a copy of the bill which shows that. In addition for the dates that we're claiming as disability and including the 10 days or 11 days that he missed right after the accident, he was paid full wages for everyday he had missed by the employer.

DEPUTY COMMISSIONER TALTON:

What period of incapacity is being claimed?

MR. STIEFEL:

Well, intermittent periods of incapacity between 1975 and 1979. You'll see on the list there are periods of disability in 1975 in and around September and October. There is one assorted day in December. In 1976 there is one day in July. In 1977 there are no days of disability. In 1978 there are some intermittent periods of disability in October and June and in 1979 there are intermittent days, they're all marked down with an "I" on the sheet and I've listed them.

DEPUTY COMMISSIONER TALTON:

Do you agree with Mr. Stiefel's statement as to full wages having been paid?

MR. DOWLER:

He was paid wages for I think nine days after the accident and one day in December. He received absolutely no wages nor was there any disability claimed for the whole year of 1976, nor was there any disability claimed for the whole year of 1977, nor was he paid any wages that can be construed to relate to an industrial accident. I'm looking at Mr. Stiefel's submission of 1976 as a

visit to Dr. Antoun but the medical report says that the cause of the medical problem is unknown and I think two years without any disability certainly barred by the statute of limitations, there's nothing there that the employee did it, nor is there anything there that stops the employee from pleading the statute and in 1979 he then claimed an industrial accident and that's when his first notice of disability.

DEPUTY COMMISSIONER TALTON:

Let me ask Mr. Stiefel again, what action by the defendants are you alleging constitutes a constructive fraud?

MR. STIEFEL:

Let me give them to you in order, I believe that the evidence today will show that the employer filled out an Employer's First Accident Report forwarded to the carrier. The carrier apparently did nothing with it as the Commission's file will reflect that the first blue letter sent out by the Commission was in February of 1979, so it does not appear that they were ever in receipt of the Employer's First Accident Report. Thereafter Mr. Clark was paid for the periods of disability I believe, if I understand Mr. Dowler correctly that he is at least stipulating to the periods of disability immediately following the accident.

MR. DOWLER:

I'm not stipulating.

DEPUTY COMMISSIONER TALTON:

I understand that element, any other actions?

MR. STIEFEL:

Full wages were paid for all periods of disability. In addition all medical treatment--

DEPUTY COMMISSIONER TALTON:

I understand that aspect, is there any other conduct which is alleged---

MR. STIEFEL:

Well, the conduct of the employer all along has been
that Mr. Clark was induced to believe a claim had been filed and at
no time were there any problems or that he had to take any action, it
was not until 1979, I will at this point in time submit to you for
later on---

DEPUTY COMMISSIONER TALTON:

Let's go off the record.

(Off the record)

MR. STIEFEL:

Commissioner, because of the fact of Mr. Clark being
struck by lightning was not exactly sure what had happened, he
can pretty much testify to some of the things he remembers. The
first witness I would like to call would be his lead mechanic,
Mr. Hoskin if that's possible.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler, are you stipulating that the claimant was
injured when struck by lightning?

MR. DOWLER:

I stipulate he was struck by lightning and that he had
some burns that cleared up and came back to work.

DEPUTY COMMISSIONER TALTON:

Was he in the course of his employment at that time?

MR. STIEFEL:

We allege that he was.

DEPUTY COMMISSIONER TALTON:

Is that stipulated?

MR. DOWLER:

Yes.

DEPUTY COMMISSIONER TALTON:

The question is whether it arose out of the employment.

Go ahead Mr. Stiefel.

DONALD HOSKIN, Witness

BY MR. STIEFEL:

Q State your full name and address.

A Donald Hoskin, 1313 Cabernet Court, Chantilly, Virginia.

Q Where are you employed at the present time?

A United Airlines at National Airport.

Q What is your present position?

A I'm lead mechanic.

Q Can you describe the duties of a lead mechanic?

A It's stipulated that I'll lead, direct them that work with the members of my crew, limited to 11.

Q Is Mr. Clark part of that crew at the present time?

A At the present time, no, we're on different shifts.

I moved to another shift about three months ago.

Q In September of 1975 was he part of your crew?

A Yes sir he was.

Q So in essence you were his supervisor?

MR. DOWLER:

Objection, that's a leading question.

DEPUTY COMMISSIONER TALTON:

I'll allow him to answer the leading question.

A I was his immediate supervisor in chain of command for authority of work and responsibility.

Q Directing your attention to September 24, 1975, can you relate facts of what happened on that date?

A It was raining and Bob Clark was assigned to one of the gates, which meant that he walked back the airplane with a headset talking to the crew. There was another man assigned to drive the tractor to push the airplanes back and another man assigned to walk the wing, as to help unhook the tow bar and to provide guidance. My job at the moment was to see that everything was going fine and to move in where necessary, to supply other people, to jockey the people around, depending on delays and so forth and I was watching the push back take place and when the airplane got almost back to the roadway, roughly maybe 50 or 75 yards from my position, I saw the lightning come down, I was watching the airplane, watching the push back, the lightning come down almost vertical and hit the forward VHF antenna, that's on top of the fuselage, on the front of the top of the airplane and then like Roman candles came down both sides of the fuselage and started dripping on the nose gear, this happened almost momentarily and it wasn't a flash and stop, the lightning struck and stayed there momentarily and then stopped. I saw Bob Clark, of course he wasn't recognizable but I knew he was from assigning, he had the yellow hood on and the rain gear but Bob literally lifted up in the air and fell down. The other man, Ken Stewart, who was on--the wing man, he fell to his knees and I grabbed my radio and

I called for an ambulance immediately to go out there.

Q Did you in fact see the lightning strike Mr. Clark or did it strike the airplane?

A It struck the airplane, now, he was connected to the airplane by a wire and of course electricity seeks through the path at least resistance, it came down and went through the wire that was plugged into the airplane. It went through his body because when I got out there--

MR. DOWLER:

I'm going to have to object to the witness' opinions on electricity and whatever went through the man's body. I don't think he can--

A Where Bob was standing I went out and picked up a piece of concrete that was under his feet and I gave him as a souvenir, it was about, maybe six inches in diameter where the lightning had struck it and burnt it and literally exploded the concrete right under where his feet was and I don't know any other way the lightning can get from the VHF antenna that I saw to the concrete under his feet that exploded except go through his body.

Q The lightning did not in fact strike him but the airplane?

A That's correct, it hit the VHF antenna.

Q Then what happened after you had radioed?

A I called for an ambulance and I advised the planning center that the airplane was struck by lightning and would have to be brought back to the gate. I put on my rain gear

and went to a vehicle to get out there but waiting for the push back, which is a routine, traffic in the vehicular lane wait, there was the Airport Director, the Airport Safety Director, his car was there, United Airlines' truck from the stock room was there waiting for the push back and by the time I got there they had picked Bob up, put him in the truck and taken him off the property to the hospital, as Bob was being pulled away I arrived at the scene.

Q Was Mr. Clark performing what would normally be his regular duties at the time you saw this happen?

MR. DOWLER:

Objection, that calls for an ultimate issue of fact.

MR. STIEFEL:

I believe it does, this man is capable of testifying as to whether or not he is his supervisor and I believe he is capable of testifying as to whether or not this man was performing the duties.

DEPUTY COMMISSIONER TALTON:

I'll allow him to answer the question Mr. Dowler.

A Yes he was, he was on full time duty, there was no restrictions as to his workload. He was a full-time member of the crew with no restrictions.

Q As you understand it, what was his position at that time, his employment position?

A He was a mechanic for United Airlines.

Q What are some of the duties of a mechanic?

A Duties; bending over, picking up stands, pushing them to the airplane, climbing the stands, doing jobs on the stands, walking back down off of the stands.

Q Was the push back operation part of his routine?

A Yes, that was a normal routine duty.

Q Mr. Hoskin, do you know where in fact Mr. Clark was taken?

A All I would know is from the telephone conversations, I don't know in fact that he was taken from--

MR. DOWLER:

Objection, he just said he doesn't know.

Q Do you know approximately how long Mr. Clark was out of work from September to October or into October?

A Yes, I talked to the hospital within two hours after that happened, so I know that from the time it started there, then I called his family and alerted them as to what happened to Bob and talked to his son to make arrangements to take his mother there.

Q Did this happen by the way, in the beginning or the middle or the end of a shift, this accident?

A It happened at the beginning of the shift, it happened while it was still daylight and we had started our work. I think we started at 2:30 that time, it wasn't dark. He missed about six hours of that day, yes sir. He was off for two weeks.

MR. DOWLER:

Objection, he didn't lay a foundation and what was testified to is all hearsay.

DEPUTY COMMISSIONER TALTON:

If this gentleman would have known whether or not he was at work, I think he can testify as to how much time he may have missed.

DEPUTY COMMISSIONER TALTON:

I think he has to lay a foundation day by day.

MR. STIEFEL:

Mr. Commissioner, Mr. Dowler it seems may have just finished a trial in the circuit court yesterday. I realize we must follow rules of procedure in evidentiary matters but the relaxed proceeding in order to afford time and schedule, we'd like to get through his testimony and I don't believe the Commission has followed a strict interpretation.

DEPUTY COMMISSIONER TALTON:

I'll allow him to answer.

MR. DOWLER:

I point out, he subpoenaed the attendance record and if this man comes out with different information, I don't think we should be liable.

DEPUTY COMMISSIONER TALTON:

I'll certainly take that into consideration.

Q Would you have been on duty during the time following the accident?

A Yes I was on duty full time.

Q You did say before you worked at that time the same shift?

A Yes.

Q Do you know approximately how many days--

A He was off for--

MR. DOWLER:

Objection, I don't think approximately is the issue, it's how many days he missed from work and they're trying to use that as an estoppel for us pleading the statute of limitations and I think he has got to come in on exactly---the important issue of this case.

MR. STIEFEL:

Fine, I'll show you the attendance records from United Airlines.

DEPUTY COMMISSIONER TALTON:

We've got an objection, I think if you allow a foundation as to his familiarity with responsibility for preparing the attendance records, his knowledge of the claimant's job responsibilities and so forth proper foundation may be laid for this question.

MR. STIEFEL:

I believe, Mr. Commissioner, that foundation has been laid, you know, this man was a supervisor, the man testified he worked on the same shift and would

have been aware of the days that the man was absent. What I'd like to do now if it satisfies Mr. Dowler is I'll show him the official attendance records and ask him if--

DEPUTY COMMISSIONER TALTON:

Is there a real dispute between what the gentleman is saying and what the attendance records show?

MR. STEIFEL:

I don't think there is, not at all.

DEPUTY COMMISSIONER TALTON:

I really don't think this--we need to--

MR. DOWLER:

Well, I don't know, I don't know what he's testified.

MR. STIEFEL:

He won't let him testify or we'd know what he is testifying to.

MR. DOWLER:

What he's going to testify to--I'm trying to--

DEPUTY COMMISSIONER TALTON:

Is he simply going to verify that that's correct?

MR. STIEFEL:

Yes.

DEPUTY COMMISSIONER TALTON:

Well, why don't you let him do that?

MR. DOWLER:

Well, he has got to establish that this man keeps those records, that he knows that they're correct. I think he has the wrong witness for the purpose that he has in mind.

MR. STIEFEL:

I think I have the right witness, this man from any man would know whether or not Mr. Clark reported to work. There could be clerical errors but this man knows whether he was at work.

DEPUTY COMMISSIONER TALTON:

I'll allow him to answer the question.

Q Mr. Hoskin, I ask you to take a look at this, it's been submitted as the official attendance record, are you familiar with this--

MR. DOWLER:

Objection, who submitted it as the official attendance record, they have not been put into evidence.

MR. STIEFEL:

I believe they're in the Commission's files, they were issued under subpoena.

MR. DOWLER:

That still doesn't put them into evidence.

Q Mr. Hoskin, I'm going to ask you if you can remember or if you do remember following the accident do you know how

many days Mr. Clark was off from work?

A Approximately two weeks.

Q To the best of your recollection do you know if he missed any other time in the year 1975?

A To my recollection he did.

Q Are you sure of those days?

A I'm not sure of the days but I can remember because we talked about it when he came back as to what the doctor said.

Q In 1976 do you know whether or not--were you still at that time his supervisor?

A Yes.

Q Do you know whether or not he might have missed any days during that time?

A I'm sure he did.

MR. DOWLER:

Objection, he hasn't laid any foundation. He's asking the man to speculate.

MR. STIEFEL:

It wouldn't be speculation if I would be allowed to show him what is supposed to be the official records Mr. Dowler.

MR. DOWLER:

I think you have to lay a foundation, then you can go ahead.

DEPUTY COMMISSIONER TALTON:

Gentlemen, we've chewed on this bone enough I think.

MR. DOWLER:

He's asking total speculation of a witness who is not qualified to render the testimony.

DEPUTY COMMISSIONER TALTON:

He can testify from his own personal recollection, from his own memory, then I'll permit him to do so.

Q In 1976 you did say that Mr. Clark was on your crew?

A Yes.

Q Do you remember any days during 1976 that he might have missed?

A Yes but I can't tell the dates.

Q What about 1977, were you the crew leader or lead mechanic?

A Yes.

Q Do you remember whether or not Mr. Clark might have missed any days in 1977?

A This had developed into a gradual thing, I don't know whether he missed anytime in '77 or not but I advised him, due to the condition he was coming in to work to go to the doctors but due to his loyalty to the company and good attendance and so forth he came in--

MR. DOWLER:

Objection Your Honor---speculating as to Mr. Clark's motives.

MR. STIEFEL:

Speculating to Mr. Clark's motives, the man

is testifying as to the kind of employee Mr. Clark is, that's his motive?

MR. DOWLER:

That's my objection, I don't think he can say what's in that man's mind.

DEPUTY COMMISSIONER TALTON:

I'll sustain the objection.

Q In 1978 were you the crew leader for Mr. Clark's shift?

A Yes.

Q Do you know whether or not he might have missed any days during 1978?

A Yes he did.

Q Do you know off hand--

A The dates, no sir.

Q What about 1979, were you his crew leader then?

A Yes sir.

Q Do you know whether or not he might have missed any days in 1979?

A Yes he did.

Q Do you know those dates off hand?

A No.

Q Mr. Hoskin, how long have you worked with Mr. Clark either as one of his peers or as his lead mechanic?

A I think Bob and I started working together in 1954 and I was always at a position of one being over him, I was always his supervisor.

Q Could you describe basically his physical capacity prior to this accident?

A Yes, when we started working together, I was a lead mechanic and he was a mechanic and then we had a relationship where I was a foreman and he was a mechanic and I had a look at Bob's abilities from both sides of the fence and Bob was always a physical able person to work for me as a lead mechanic and he was always one of being physically able and a good employee from a company standpoint and at the view when I was his foreman which was a higher, next step above and his quality was one of such that years later on I had a business of myself, an airplane repair business and I had a chance, I was a foreman at the time, that I knew the abilities and attitudes and capabilities of the employees and at that time I was able to select people that I wanted to come and work for me in my business and at this time I had a working relationship with United Airlines in Chicago in regards to using their equipment and licensing airplanes for United Airlines that they were selling and Bob Clark was one of the men I had chose, not only for his physical capability and his knowledge as a mechanic but for his attitude and loyalties to United Airlines which reflected to me in my own personal business.

Q Did you ever notice, and I'm speaking of during the time you worked with him prior to the accident, physical incapacities regarding his knees, did he ever make complaints to you regarding them?

A No sir, he did not never.

Q Could you describe then after the accident what you noticed about Mr. Clark's condition if anything?

A Yes, the first day he came back I could see the way he was walking and of course we had been in contact over the telephone, you know, I talked to him several times before he come back and when I saw how he was walking, I immediately questioned as to why he came back, that he should not be back in the condition--I was no doctor but I could just see the way he was walking and I saw his knees and his face and of course at this time it was prevailing on the company in regards to occupational injuries that people would have--

MR. DOWLER:

Objection, he's not responding to the question. The question was, "What did he observe about this man's physical presence?"

DEPUTY COMMISSIONER TALTON:

If you could just answer the question Mr. Stiefel proposed, I think he has answered a great extent of the question.

Q Did Mr. Clark express to you any doubts he had about his capabilities, specifically about his knees?

MR. DOWLER:

Objection, that's going for hearsay.

MR. STIEFEL:

It is?

MR. DOWLER:

Yes, it can only possibly be a self serving statement.

MR. STIEFEL:

Well, I think it goes to corroborating whatever Mr. Clark is claiming.

DEPUTY COMMISSIONER TALTON:

Have you asked him what his specific complaint was and its relation to the accident?

Q Can you tell us whether or not Mr. Clark ever made any complaints regarding his knees?

A Yes.

MR. DOWLER:

The same objection.

DEPUTY COMMISSIONER TALTON:

He was complaining about his knee, I think he can ask him that question.

A Yes, he said both knees were affected since the lightning struck and he had difficulty walking.

Q Did you notice and I'm speaking of years from 1975 up to the time that you no longer were his lead mechanic, did you notice anything about his condition?

A It deteriorated, not gradually.

Q How do you mean deteriorated?

A He started to limp and sway when he walked and when I was with him personally doing specific jobs, not only myself

but other people would look out after him, this was encouraged. Instead of walking, we'd let Bob ride the tractor instead of walk the push backs because we could see the pain that he was in. Many times he had gone home, he couldn't finish the day, he came in to wor, worked two or three hours then would go home because he couldn't take the pain anymore.

Q Had you noticed this type of condition prior to the accident?

A No, never.

Q I'd like to ask you regarding Mr. Clark's claim for workmen's compensation benefits, as his lead mechanic, what was your understanding of the compensation matter--let me be more specific--Was it your understanding that a compensation claim had either been filed or that Mr. Clark was receiving compensation benefits?

MR. DOWLER:

Objection to the question. First of all it's a leading question. Secondly, he has not laid a foundation that this man has anything to do with the filing or handling of a compensation claim.

DEPUTY COMMISSIONER TALTON:

I think we would need to know what specific relation this man would have towards the claimant's failure to file an application.

Q Mr. Hoskin, as Mr. Clark's lead mechanic, what would be your responsibilities in terms of a compensation claim being filed?

A Outside of relaying my eyewitness accounts to either Mr. Hayfer or whoever was on duty, my---would stop right there.

Q Did you so relay?

A Yes.

Q Who did you relay that to?

A I think just about every foreman on duty plus Mr. Hayfer and anybody else, it was more or less general. I had eyewitnessed it and I told it to what I saw to everybody.

Q Would you know whether or not Mr. Clark received wages for the period of time that he missed following the accident?

A Yes.

MR. DOWLER:

Objection, same objection as before. He hasn't laid a foundation.

DEPUTY COMMISSIONER TALTON:

I believe he is attempting to lay a foundation.

MR. DOWLER:

I think the question is, "What is his responsibility towards him," in this regard--

DEPUTY COMMISSIONER TALTON:

I think we need to explore how extensive--

MR. STIEFEL:

That's what I'm trying to do.

DEPUTY COMMISSIONER TALTON:

---that knowledge is. I'll give him the opportunity to lay a foundation, go ahead Mr. Stiefel.

Q As his lead mechanic would you know whether or not he received any wages for the period of time following the accident?

A Yes.

MR. DOWLER:

Objection to the form of the question, not "would he know," because he can know from any source, I think he has got to know if he has any responsibility as part of his job to compute or otherwise become involved with the wages. Somebody may have told him, maybe one of the cashiers at the concessionary.

DEPUTY COMMISSIONER TALTON:

I figure if we find out where he got his knowledge then we can determine to what extent he may testify as to the claimant's earnings, go ahead Mr. Stiefel.

Q Would you have any knowledge as to whether or not--

A Yes.

Q What is the basis of that knowledge?

A I looked at his paycheck.

DEPUTY COMMISSIONER TALTON:

Are you saying you looked at his paycheck every week when he got it, did you regularly see his paycheck?

A Only when he missed, we discussed it.

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Q He'd show you his paycheck?

A That's correct and on the paycheck it stipulates regular pay and sick leave.

MR. DOWLER:

Objection.

DEPUTY COMMISSIONER TALTON:

I think we would need a more reliable source of information as to his earnings than to this witness' recollection of what his paycheck said.

MR. STIEFEL:

I have no further questions.

BY MR. DOWLER:

Q As part of your job as a lead mechanic, it's not your function to keep his attendance record?

A That's correct.

Q He never reports to you when he's going to be there and when he's not going to be there, right?

A No.

Q It's not your function to determine whether he is going to get sick leave, annual leave, or industrial leave, is that correct?

A That's correct.

MR. DOWLER:

That's all I have.

ROBERT CLARK, Claimant

BY MR. STIEFEL:

Q Mr. Clark can you state your full name and address?

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Donald Hoskin, Witness
Statements

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A Robert Clark, 15820 Cardinal Drive, Woodbridge, Virginia.

Q Where are you presently employed?

A United Airlines.

Q What is your position?

A At the present time a mechanic inspector.

Q How long have you been employed with United Airlines?

A I started in January 3, 1952.

Q In what position at that time?

A As a mechanic.

Q Drawing your attention to September, 1975 specifically September 24th, what if anything happened on that particular day?

A Well, I was on a push back with a headset on and as I walked back I had just given the captain--

Q Could you describe what a push back is?

A A push back is getting the airplane from the gate area back past the vehicular lane so that he can taxi out.

Q Is this a regular part of your duties?

A Yes sir.

DEPUTY COMMISSIONER TALTON:

We understand that lightning struck the plane and if you want to get into the issue of the course of the lightning, I think that would be appropriate but I don't think we need to get into--

MR. STIEFEL:

I don't think his memory of what had happened

happened though.

Q What if anything do you remember of the occurrence?

A Well, when I was hit I didn't hear the noise or I didn't see the flash, I didn't see any of that. I was knocked unconscious and they carried me to the ambulance. When I got in the ambulance, that's the first time I knew what happened. My lip was cut wide open and I asked the man in the ambulance what had happened and he said, "You were hit by lightning," and he said--

DEPUTY COMMISSIONER TALTON:

All right, I think you better respond to the questions directed to you.

Q Do you know where you were taken?

A To the new Alexandria Hospital.

Q How long did you remain at the Alexandria Hospital?

A They checked me over and it was approximately two or three hours.

Q Were you released?

A Yes sir.

Q Were you at anytime presented a bill from the Alexandria Hospital?

A No.

Q On that particular day, the 24th when this incident happened, approximately what time did this incident happen?

A It was approximately 5 o'clock.

Q What was the beginning of your shift on that day?

A 2:30 at that time.

Q What was the end of your shift?

A 2:30 to 11 I believe.

Q Did you in fact miss the rest of the day or did you return to work?

A No, I was taken home by one of the stockroom boys.

Q How long did you remain at home and I'm saying immediately after the accident?

A I was home approximately, I think it was on the fifth day. I think I was out five days and then I come back for a short period of time and my knees were hurting so bad and shaking so bad that the supervisor sent me home and I came back then on October 6th, I can't remember, 11 days altogether.

Q Did you miss any other time as a result of this occurrence in 1975?

A I think it was one more day, December 5th.

Q Did you come under any medical care in 1975?

A Yes, just my family physician.

Q Did you yourself report this accident or speak with anybody besides Mr. Hoskin about your claim?

A No, I didn't report it because it's customary for the people in charge to report it.

Q Do you know whether or not the people in charge were aware of your absence?

A I knew they were aware of it.

Q Did you have any conversations with anybody regarding

your compensation claim or compensation or the injury itself?

A No I didn't.

Q When in 1975 did you come under medical care and with whom?

A 1975 with the medical department mainly upstairs.

Q Were you ever rendered any bills?

A Never.

Q For the period of time that you missed in 1975, this would be the period of time from September to October and the day that you mentioned in December, were you paid for those days?

A I was, received full pay.

Q At that point in time did you have any reason to believe that a compensation claim had not been filed?

MR. DOWLER:

Objection, he hasn't established that it wasn't filed and he's asking for a total assumption.

DEPUTY COMMISSIONER TALTON:

Are we talking about a compensation claim or are we talking about an accident report?

MR. STIEFEL:

No, I'm not asking an accident report, I'm speaking about a claim, well, let me rephrase that.

Q Had you ever been informed by your employer that your compensation claim was being denied?

A Never.

MR. DOWLER:

I think he has to establish when he made it, who he made it with and things like that. He said he had no conversations regarding a claim, that's his evidence. Now to come along and ask these questions is out of order.

DEPUTY COMMISSIONER TALTON:

Well, I do think we do first have to establish that a claim has been filed.

MR. STIEFEL:

Mr. Commissioner, I'm not speaking so much as a claim. Obviously the man didn't make a claim because he was induced to believe--

MR. DOWLER:

Old objection.

DEPUTY COMMISSIONER TALTON:

I think the question is what he was induced to believe and if you want to ask him what he believed and how he got his information, what representations were made by the employer to him, I can understand....

Q Did you file a workmen's compensation claim in 1975?

A No I didn't.

Q Why did you not file a claim?

A Because I figured everything was being taken care of.

Q Why did you figure that?

A Because they had paid me everything and my paycheck reflected everything I had coming.

Q Have you ever filed a workmen's compensation claim?

A No I haven't.

Q Were you familiar yourself with the workmen's compensation procedures?

A I was not.

Q In 1975 did you receive any correspondence from the Industrial Commission regarding a compensation case?

A No I didn't.

Q In 1975, in or about September or October did you have a conversation with one Mr. Richard Ferris?

A Yes I did.

Q Do you know approximately when that would be?

A Just right after I came back, Richard Ferris had just been elected President and he was making a tour of our station and it was in Hangar 4, the briefing area. Mr. Ferris came in and one of the other mechanics mentioned that I was the guy hit by lightning and Mr. Ferris came over and talked to me approximately for 20 minutes or a half hour and when he left talking with me, as he was leaving he said--

MR. DOWLER:

Objection to what Mr. Ferris said, that's hearsay.

DEPUTY COMMISSIONER TALTON:

I'll allow him--Mr. Ferris was an agent of United Airlines.

MR. DOWLER:

He hasn't established who Mr. Ferris is.

MR. STIEFEL:

I think he just said he was elected President Mr. Dowler.

DEPUTY COMMISSIONER TALTON:

I'll allow the witness to answer the question.

A Mr. Ferris told me that if I needed any help with this in the future, that he'd be glad to help me and that was his parting words.

Q Mr. Clark, you returned to work in October of 1975 and I believe you said you missed one day in December of 1975, otherwise except for your days off, were you working as a mechanic?

A That's right.

Q Can you describe your condition at that period of time during 1975?

A Right at the time this was taking place my knees began to hurt a lot and my right thigh was hurting so badly that I tried to take a trip to Pennsylvania with my son and I couldn't sit all the way on the trip, I had to stop several times.

Q Had you ever had any problems prior to this accident?

A I didn't have any trouble with it and then another thing that gave me trouble during this period of time, the first few months, which would be the latter part of '75, I couldn't sleep all night in bed, I had to sit up about half

the night because my nerves were so shaky and my family doctor had given me stuff to help me sleep but this pain in the knee kept progressing, kept getting worse right along.

Q Mr. Clark, going into 1976 were you still employed for United Airlines?

A I was.

Q As a mechanic?

A As a mechanic.

Q Were you caused to miss anytime either injury leave or time to seek medical attention in 1976?

A Yes, there was one day that I had gone up to check with Dr. Fennell.

Q Who is Dr. Fennell?

A He was a doctor at the Medical Department upstairs and I told him I was having a lot of trouble with my knees and I needed some kind of help with them.

Q What period of time are we speaking about?

A This was in July, around July.

Q As a result of that conversation what were you advised to do?

A Dr. Fennell said he couldn't help me there but he'd have to send me to a place.

MR. DOWLER:

Objection to what Dr. Fennell.

A He sent me to a specialist.

DEPUTY COMMISSIONER TALTON:

I'll allow him to testify as to whether or not he did go to see someone else.

Q Did you see a specialist?

A I seen Dr. Antoun.

Q What specialty was Dr. Antoun if you know?

A He was an orthopedic specialist.

Q Do you know what date you saw Dr. Antoun?

A I don't know exactly what date that was.

Q But you did see him in July?

A In July, right.

Q As a result of that visit were you presented with a bill?

A No, I never got a bill at all from that. He did x-rays and determined that I was developing arthritis badly in both knees.

DEPUTY COMMISSIONER TALTON:

Is there any question that the bill was paid by the defendants?

MR. DOWLER:

I have no knowledge that it was paid by the defendants. I don't even know what bill we're talking about.

MR. STIEFEL:

This is Dr. Antoun's bill, I noted you filed your own subpoena for all of Dr. Antoun's records and I'm assuming you have that bill.

DEPUTY COMMISSIONER TALTON:

Is that bill in the file.

MR. STIEFEL:

That is in the file but I'll present it again.

MR. DOWLER:

I don't see any evidence that it was paid.

MR. STIEFEL:

Your Honor, under 7/8/76 there is a notice that says, "Comp," under the notation 7/15/76 it says, "Insurance check \$80.00," at the top you'll see Hartford, top right corner, "Hartford and United Airlines," this is the bill we received from Dr. Antoun's office, the bill was paid for by the carrier.

MR. DOWLER:

I don't think that establishes that.

MR. STIEFEL:

I believe that it does.

DEPUTY COMMISSIONER TALTON:

✓ I'll accept this statement into evidence.

Q Did you miss any other time during 1976?

A No.

Q Were you continuing to work as a lead mechanic?

A As a mechanic, yes sir.

Q Mr. Clark, can you describe what if any problems you might have experienced in 1976?

A Other than the pain kept getting worse in both knees, that's all, it just kept getting worse.

Q Are you saying it was worse in 1975?

A Absoutely yes, it just kept getting worse. I got where I was having trouble getting up into the tractor because the tractors are high.

Q Did you seek any other medical attention in 1976, did you consult at any time?

A Just the Medical Department upstairs.

Q Were you presented with any bills from the Medical Department?

A Never.

Q Did you receive full wages for the year 1976?

A I sure did.

Q In the year 1977 did you miss any time as a result of this occurrence?

A No I didn't miss any time.

Q Were you working for United Airlines?

A Yes sir.

Q What was your position?

A I was a mechanic.

Q What if any problems were you experiencing in 1977?

A Just the same thing, it was a struggle for me to work everyday.

Q Did you miss any time as a result of this in 1977?

A No sir.

Q Did you seek any medical treatment, either in the Airline Clinic or any other specialist in 1977?

A Not to my knowledge in 1977.

Q You were not presented with any bills for medical treatment in '77?

A No.

Q Drawing your attention to 1978, were you employed by United Airlines?

A Yes sir.

Q In what capacity?

A I think it was in '78 I was a mechanic but also an inspector of the area sometimes.

Q Were you caused to miss any days as a result of this occurrence in 1978?

A Yes, I missed two days in January.

MR. DOWLER:

I'm going to object to the form of the question, I don't think he can ask as a result of this accident. He can say did you miss days and why.

MR. STIEFEL:

---for the purpose of shortning this proceeding I think it comes out the same thing, the man is testifying to his own belief.

MR. DOWLER:

I think he has to say why he was off, he could be off because he had the flu.

DEPUTY COMMISSIONER TALTON:

Why don't we just stick to the question of why he missed the two days.

A These days are all marked in here, "I" time and I only took "I" time when my knees were so bad I couldn't go any further.

DEPUTY COMMISSIONER TALTON:

Why did you miss the two days?

A Because my knees were hurting.

Q Did you miss any further days in 1978?

A Yes sir, in October I missed five days.

Q And the reasons for those days?

A For the very same reason.

Q Did you come under the care or did you seek medical treatment at the Airline Clinic during 1978 to the best of your knowledge?

A Not to the best of my knowledge, I was given to Dr. Antoun, I was given a strong drug to take when I needed it, when the pain got real bad to take this Motrin and I kept taking it.

Q For those days that you missed in 1978 were you paid your wages?

A Yes sir.

Q Were you presented with any medical bills or have to pay any medical treatment in 1978?

A Not to my knowledge in 1978.

Q Drawing your attention to the year 1979 were you employed by United Airlines?

A Yes sir.

Q In what capacity, same as previous?

A Same as present.

Q In 1979 were you caused, specifically in the months of January or February, cased to miss any time or seek any medical treatment?

A Yes, I didn't miss time in January but I had scheduled vacation five days starting the 9th through the 13th and my knees hurt me so bad at that time and my right side and I was unable to go anywhere or do anything on this vacation.

Q As a result of that what did you do?

A I went back to Dr. Antoun and he gave me a shot of cortisone between the vertebrae.

Q Would that visit have been on 1/2/79 or approximately?

A Approximately in that area.

Q I show you this bill for you to regognize. Under the notation 1/2/79 would you read what that says?

A "Sent Comp."

Q And under the notation 1/11/79, could you read that?

A "Compensation denied, please advise of your insurance."

Q Who is this bill addressed to?

A Robert Clark, 15820 Cardinal Drive, Woodbridge.

Q What appears in the upper right hand corner besides numbers?

A "Hartford, United Airlines"

Q Was this the first time that you were notified that a medical bill would not be paid?

A First one, yes.

Q Did you seek any other medical care?

A Yes, after I came back from that. I went back to the Medical Department upstairs.

Q What happened in the medical department if anything?

A Dr. Khn said that he would like me to see another specialist and this time he recommended that I see Dr. Levin.

Q Did you see Dr. Levin?

A Yes sir.

Q In terms of Dr. Levin's bills, were you initially presented with the bill?

A Yes sir.

Q Did you at anytime submit this bill to either United Airlines or Hartford?

A It was submitted to Hartford and denied and then I took this bill back to management and told them that it wasn't being paid and they suggested that I send it to Connecticut General to have it paid.

Q Was this the first time you had been advised at anytime that your bills were not to be paid?

A Yes sir.

Q As a result of this did you take any action with regard to the Industrial Commission?

A It was at that time I asked what route I should take and I was recommended that I should go to the Industrial Commission.

Q And did you so go?

A Yes sir, I went out to the Springfield office and they told me to get in contact with Mrs. Condrey in Richmond.

Q Did you get in touch with Mrs. Condrey?

A I did.

Q As a result of getting in touch with Mrs. Condrey, did you do that by letter?

A I phoned her first.

DEPUTY COMMISSIONER TALTON:

I think the file will reflect that.

Q As a result of that conversation did you receive any correspondence from the Commission?

A Yes I did receive a letter notifying I should have--I don't recall the exact writing but I did receive correspondence.

DEPUTY COMMISSIONER TALTON:

Well, I think he needs to stop right there.

MR. STIEFEL:

I'd like to make note also at this time that was mentioned previously that this was the first time that he received a so called blue letter from the Commission in addition to whatever letter he received from Commissioner James. This was the first time the Commission had sent a blue letter to this gentleman.

DEPUTY COMMISSIONER TALTON:

Any additional questions?

MR. STIEFEL:

Yes, just a few.

Q Did you have any conversations as a result of this claim being denied at this point in time with any staff or any of the gentlemen present here today?

A Yes, right after this I turned this over to Mr. Knott and he said he would take--

MR. DOWLER:

Objection to what Mr. Knott said. He subpoenaed Mr. Knott, I think he can ask Mr. Knott, also it's hearsay.

MR. STIEFEL:

It may be hearsay Mr. Commissioner but I believe it goes to his understanding of what the situation was of United Airlines.

DEPUTY COMMISSIONER TALTON:

I'll allow him to answer, go ahead.

MR. DOWLER:

We've had hearsay of everybody. We've got the President hearsay, we have every--we're going to have the whole airline company as hearsay.

DEPUTY COMMISSIONER TALTON:

I'll admit it and consider its probative weight.

A Mr. Knott said he would help me in this, he said he would

take, try to take care of me and go to Chicago and see if he could work it out, see what had happened, why it wasn't being taken care of.

Q Were you advised of anything?

A He had it for approximately six or seven months and then he called me up one day and said he couldn't do anything for me.

MR. STIEFEL:

No further questions.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler.

BY MR. DOWLER:

Q Mr. Clark, back in 1975 when you were injured you testified that the Industrial Commission of Virginia never wrote to you?

A Not to my knowledge.

Q But you never wrote to them, right?

A Right.

Q I understand your present problem is your knee, right?

A That's right and my right thigh.

Q Your knees and you thigh, that's what the hearing is all about, isn't that correct?

A That's right.

Q No other injuries at the present time?

A No.

Q Did you have any problem with arthritis in your knee earlier in 1975?

A No I didn't.

Q Did you go up to the Medical Department of United Airlines concerning pain in your knees?

A Yes I did.

Q But you deny you had any problem?

A No, it was just strain, if you want to know he gave me Sigmagin.

Q No, my question is you went up to the Medical Department prior to 1975?

A Prior to 1975, I've been up there several times prior to 1975.

Q For pain in your knees?

A It wasn't arthritis, he diagnosed it as a strained knee and I strained it going across a ramp.

Q Are you aware of any medical reports that stated that it is arthritis?

A No I'm not, I never had any knowledge of it being that.

Q Let's talk a little about this "I" time. In 1978 you started getting "I" time, is that correct?

A Also 1975.

Q Let's talk about 1978 right now. As I understand "I" time if you call up and tell whoever you're supposed to tell that you're off because of an industrial accident they put down "I" time?

A That's the way I remember it.

Q That's what you did in 1978?

A I called the supervisor telling him.

Q So the reason you received "I" time in 1978 was because you called up and said, "Hey, this is because of my accident in 1975," right?

A To the best of my knowledge.

Q That's what you did, right?

A That's what I did.

Q In 1976 you didn't do that?

A No, the doctor sent me--

Q You didn't do that, you didn't call up?

A No.

Q You had "N" time for your day off?

A ---He sent me to see this orthopedic specialist and the only time I could see him was in the morning.

Q In August your attendance record reflects--

MR. STIEFEL:

There's no claim in August of 1976.

Q All right, in October of 1976.

MR. STIEFEL:

There is no claim for time in October of 1976.

Q So you have no claim for "I" time in 1976?

MR. STIEFEL:

That's not true.

A He sent me to this specialist that day.

Q My question to you is in 1976 did you call up and ask for "I" time?

A Not to my knowledge.

MR. STIEFEL:

Why don't you ask him what day.

DEPUTY COMMISSIONER TALTON:

I'll allow the witness to answer the question.

Q In 1976 you never called United Airlines saying, "Hey, I'm entitled to "I" time for this day"?

A I never talked to them that way anyway, if I was--

Q You never asked for "I" time in 1976?

A No sir.

Q In 1977 you never asked for "I" time?

A No sir.

Q When you spoke with Mr. Ferris it was a casual conversation right?

A Well, it was a casual conversation.

Q Did he just wander in there to see what was going on?

A No, he was there to visit the station, to visit with all of us.

Q He didn't come down to see you about your complaint?

MR. STIEFEL:

I put that in my testimony.

DEPUTY COMMISSIONER TALTON:

We have testimony on that issue, it is very clear.

MR. DOWLER:

That's all the questions I have.

MR. STIEFEL:

I just have a couple.

BY MR. STIEFEL:

Q Mr. Clark, in 1975 Mr. Dowler asked you if you wrote the Commission and your response was, "No" did you have any reason to write to the Industrial Commission?

A No I didn't, I thought everything was taken care of, I had no reason under the sun to call them or anybody.

Q You had never been informed by or I'm going to ask have you ever been informed by anyone either at the Hartford Insurance Company or--

MR. DOWLER:

Objection to the Hartford Insurance Company, that's hearsay.

DEPUTY COMMISSIONER TALTON:

Would you care to restate your objection?

MR. DOWLER:

He's asking for--His question is calling for a hearsay answer.

DEPUTY COMMISSIONER TALTON:

In what regard?

MR. DOWLER:

He's saying, "Did anybody inform you?"

MR. STIEFEL:

Mr. Commissioner, the whole purpose of this hearing today is his understanding--the question

of why he did not file a claim.

MR. DOWLER:

No, the issue is before.

DEPUTY COMMISSIONER TALTON:

I don't believe the question is hearsay, I'll overrule the objection.

Q Were you informed by anyone, either Hartford Insurance Company or United Airlines that they were denying a workmen's compensation claim?

A Never.

MR. DOWLER:

I'm going to again object. I object to Hartford because it's outside the scope of direct examination.

DEPUTY COMMISSIONER TALTON:

I'll allow this issue to be covered, go ahead.

Q Did you ever receive any correspondence from the Hartford Insurance Company in 1975?

A No.

Q Did you ever receive any correspondence at anytime in '76, '77, or '78 from the Hartford Insurance Company?

A Only that it was denied.

Q Would that have been in 1979?

A I'm not sure which year, I think it was '79, yes.

Q That was the first time you received any correspondence from Hartford Insurance Company?

A Yes.

Q The last question, in 1976 do you know approximately what month you saw Dr. Antoun?

A It was in July.

Q Do you know the date?

A No, I'm not exactly sure of the date, seems like to me it was around the 8th.

Q I believe the medical report will indicate that. On that day you say you had to see Dr. Antoun in the morning?

A That's right, I work the late shift and the only time I could see the specialist was to go in the morning and he had office hours til 12 o'clock.

Q You saw Dr. Antoun at that time?

A That's right, he x-rayed me.

MR. STIEFEL:

I have no further questions.

DEPUTY COMMISSIONER TALTON:

Is there anything else Mr. Dowler?

BY MR. DOWLER:

Q Yes, Mr. Clark, you said nobody told you--let me rephrase the question--The point is you never asked whether or not a workmen's compensation claim was filed in 1975, 1976, 1977, you never asked?

A Never asked about it, right.

Q You never asked anybody to file that for you, isn't that correct?

A No, I never asked anyone to file one because I thought--

Q Well, not what you thought---

DEPUTY COMMISSIONER TALTON:

I think he has answered the question.

Q Nobody told you specifically that everything was taken care of, nobody came out and told you that a claim had been filed?

A Not specifically that everything was being taken care of.

MR. DOWLER:

That's all I have.

DEPUTY COMMISSIONER TALTON:

I believe he has answered the question and I don't see any problem....

BY MR. STIEFEL:

Q Mr. Clark, why did you not--

MR. DOWLER:

Your Honor, we're on redirect, re-something or another--we've had cross, redirect--

MR. STIEFEL:

I'll let that go, I have no further questions.

WILLIAM J. HAFER, Witness

BY MR. STIEFEL:

Q State your name and address for the record.

A William John Hafer, 6701 Greenview Lane, Springfield, Virginia.

Q Mr. Hafer, where are you presently employed?

A Washington National Airport, United Airlines.

Q What is your present position?

A Maintenance Service Manager.

Q In 1975, specifically around September 24th were you so employed?

A Yes?

Q In the same position?

A Yes.

Q In or around September 24, 1975 were you advised at any-time of an accident that had happened, an incident to Mr. Clark?

A Yes.

Q What was your knowledge of what had happened?

A He was doing push back on a plane and he was struck by lightning and he was taken to the hospital.

Q As a result of this knowledge, did you take any action with regard to filing what is known as an Employer's First Report of Injury?

A Yes I did.

Q I want to show you a report dated September 29, 1975, that is your name typed, would you have been responsible for the preparation of that report?

A I prepare another couple of forms which is an Accident Report from which this one is made up by the office, the Station Manager's office.

Q So you would have been responsible for the preparation in some way of this report?

A Right.

Q Could you tell me what did you do with that Employer's First Report?

A I signed it and it goes back to the Station Manager's office and from there it's distributed through normal channels.

Q Do you know who it is distributed to?

A Well, whoever is the addressee on it, Hartford is one.

Q Do you know who else it is distributed to?

A No I don't.

Q Do you know who would know who it's distributed to, who normally handles that?

A Mr. Frank Knott would know, I think he would know.

Q Mr. Hafer, I'm going to show you a report dated January 24, 1979 and it also appears to have your signature under that, were you responsible for the preparation of that report?

A They get under the same situation, I prepare the company accident report which was, I believe was a recurrence report going back to the original.

Q Why did you prepare this report in January of 1979?

A Because the---came back in and he claimed he had an occupational injury which is a recurrence of the original injury four years earlier.

Q So you were aware of the original injury?

A Yes.

Q You did take steps, what are the normal steps that you

yourself or your company takes when there is an occupational injury?

A Well, we have an investigation and we attempt to take corrective action if we can to prevent a recurrence of it and then we prepare the paperwork which is reported through company channels and goes within the company and goes out of the company. In this case it would go to Hartford.

Q Then you wouldn't take any further action beyond that in terms of sending this to the Industrial Commission?

A I would not, no.

Q As a result of your investigation or let me ask you this, was an investigation in this matter conducted?

A Yes.

Q Do you know the results of that investigation, do you recall?

A Yes, it was a so called "act of God" where the employee was hit by lightning and the result of it we changed some of our procedures during push back that the employee would not walk out with a headset on that they had been doing but we would go to a headset to the employee in the cap in the tractor to shelter him and prevent a recurrence of this type.

Q So there could have been--I mean there was something done to prevent this particular kind of occurrence from happening?

A True.

Q Was there anything done with regard to rubber handles, the use of rubber handles?

A That was part of it. I think we put rubber handles on the tow bars, the attached handles of the tow bar.

Q To the best of your knowledge and at least isolated to United Airlines, since you've taken these corrective measures have any other accidents like this taken place?

A Not to my knowledge.

Q Lastly, Mr. Hafer, I would like to show you these attendance records here, are you familiar--I'm going to show you what appears to be United Airlines attendance records, are you familiar with these attendance records?

A Yes.

Q Could you tell me how these attendance records come to be drawn up, how were they and for what purpose are they used?

A The employee usually calls in if he's not coming to work and reports that he's either sick or whatever or he's going to be late.

Q If an employee is sick, what designation would be put down?

A It's usually an "N" for nonoccupational.

Q If an employee is out of work as a result of an occupational?

A It's usually an "I".

Q That designation "O", what would that normally mean?

A Day off.

Q What would the designation "V" mean?

A Vacation.

Q Would you look these over for these years, I believe they

are for the years 1975 to 1979, would you say that those are copies of the official record?

A Yes.

MR. STIEFEL:

I have no further questions.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler.

MR. DOWLER:

I have no questions.

FRANK Z. KNOTT, Witness

BY MR. STIEFEL:

Q Mr. Knott, could you state your name and address?

A Frank Zack Knott, Route 2, Box 160-H, Indian Head, Maryland.

Q What is your position at the present time?

A Administrative Service Manager.

Q With who?

A United Airlines.

Q How long have you been in this position?

A In this particular title about two years.

Q Drawing your attention to September of 1975, specifically in or around September 24th, were you employed by United Airlines?

A Yes.

Q In what capacity?

A Supervisor.

Q What are some of the duties involved in being a supervisor at that time?

A See and oversee the clerical duties of the office staff.

Q Were you in or around September 24, 1975 made aware of an injury to Mr. Clark?

A Yes.

Q How were you made aware of this injury?

A Through the company's Accident Report and the First Report of Injury.

Q Were you aware of it in any other way?

A Well, hearing other talking about it.

Q But basically you were aware of it as a result of these company reports?

A Right.

Q I'd like to show you a report dated September 29, 1975 and it has Mr. Hafer's signature under that, had you seen or are you familiar with that report?

A Yes.

Q In what way were you familiar with the report or had you seen it?

A Well, as it was completed and typed up, then it comes across my desk for examination and then there is a distribution of it.

Q Did you so examine this report and were you satisfied that everything was correct?

A Yes.

Frank Knott, Witness

Q What did you do with this report?

A I was supposed to give it back to Mr. Townes I believe at the time in the office and he distributed it, three copies to Hartford and one to our insurance department in Chicago and one to the medical department.

Q Were any of these reports sent to the Industrial Commission of Virginia by United Airlines?

A No.

Q Do you know whether or not any of these reports ever made their way to the Industrial Commission?

MR. DOWLER:

Objection.

DEPUTY COMMISSIONER TALTON:

I don't think he particularly knows.

Q I'd like to show you a report dated January 24, 1979 prepared by Mr. Hafer, are you familiar with that?

A Yes sir.

Q Could you describe the circumstances of your familiarity with that, what was your position in 1979?

A Same as now, Administrative Service Manager. I believe this report was done at the time Mr. Clark came in and said that he was having some recurring problems as a result of the '75 injury and he had a medical bill, there would be a medical bill sent to the insurance carrier and at the time I believe we did a Supplemental Report to Hartford and sent it in and then we were advised that we should redo a First Report of

Injury because they couldn't locate one in the file, then we did this one.

Q But to the best of your knowledge you had in fact sent that 1975 report?

A Yes because we had it in our files.

Q So you prepared this 1979 report and it was forwarded to Hartford?

A Right.

Q Do you at any time recall having a conversation in 1979 with Mr. Clark regarding the status of his compensation claim?

A Yes.

Q Could you tell us the contents of that?

A Bob came in to see me and said that he was having some continuing problems and that he would probably be incurring some additional medical expenses, so I didn't know anything further to tell him but to bring the bill in to us if he got one and we would submit it to our insurance carrier, which we did and then of course he was advised that it wasn't compensable I believe from them and it came back in and we discussed it. I called the insurance carrier and discussed it with them and they told me at that time--

MR. DOWLER:

Objection to what the insurance carrier told him, hearsay.

DEPUTY COMMISSIONER TALTON:

I don't know that the ability of the claimant

calls for discussing that to begin with.

Q Mr. Knott were you aware of any injury time claimed or days off, injury days, "I" days claimed by Mr. Clark between 1975 and 1979?

A I was probably aware of it, yes.

Q When you say "probably" how do you mean "probably" in what capacity would you have been aware of the days off?

A Well, we examined the attendance records in the office and we see days noted on there as "I" time or "N" time, that's the only awareness I would have had over it.

Q I ask you to take a look at these records with the records between 1975 and 1979 pertaining to Mr. Clark, would those have been the records which you would have examined?

A Yes.

Q Do you have any knowledge as to whether or not for the days marked "I", Mr. Clark received his full pay or not?

A Yes.

Q Do you know whether or not he did receive pay on those days marked "I"?

A He would receive pay for those days marked "I" providing he had accumulated sick leave enough to pay him, which I'm sure he did.

Q Finally, I show you a Supplemental Report dated December 8, 1975 and it has been prepared by Mr. Nelson, are you familiar with that report?

A Yes sir.

Q What are the circumstances of your familiarity with that particular report?

A At the time this report was prepared I believe the first report of injury showed an estimated number of days lost, then when Mr. Clark returned to work the Supplemental was appeared to show the day he returned.

Q This Supplemental was in December of 1975, are you saying that it reverts back to the September accident?

MR. DOWLER:

---read the report, I think it's clear.

A Well, it's an occurrence, apparently he had missed another day in '75 and this was done as a supplementary report.

Q What would have happened to this report?

A It would have been sent to the insurance carrier.

MR. STIEFEL:

I have no further questions.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler.

BY MR. DOWLER:

Q Looking at these attendance records, 1976 does he show any occupation or industrial time off?

A No.

Q In 1977 does he show any occupational or industrial time off?

A No.

Q Are you familiar with the attendance irregularity slips?

A Yes.

Q Is this something that you handle in the course of your employment with United Airlines?

A No I don't.

Q Who handles them?

A Mr. Townes.

Q When do you see them?

A The attendance irregularity slips I never see.

Q When you spoke to Hartford did they tell you that they didn't have a first report or did they tell you that their file had been destroyed?

A They told me they only kept their files for a certain period of time and this time expired and they no longer had the file.

MR. DOWLER:

That's all the questions I have.

DEPUTY COMMISSIONER TALTON:

Anything else?

MR. STIEFEL:

I have no questions sir.

DEPUTY COMMISSIONER TALTON:

The case is concluded.

MR. DOWLER:

Doesn't the defense get a chance, I have Mr. Townes.

DEPUTY COMMISSIONER TALTON:

Mr. Dowler, you may proceed.

FRANKLIN S. TOWNES, Witness

BY MR. DOWLER:

Q Would you state your full name and your job title with United Airlines?

A Franklin S. Townes, I'm a lead general clerk.

Q As part of your job do you keep the attendance record which was put into evidence in this case?

A Yes.

Q Are you also familiar with what are termed attendance irregularity slips?

A Yes.

Q What are they, would you define them for me?

A Well, it's a slip that's used to determine the reason for an employee's absence, whether it be sickness, late, without pay because of a personal problem of something, to that affect, any reason for him not attending work.

Q Did you bring with you today the attendance irregularity slips for Mr. Clark in July of 1975?

A Yes.

Q Did he miss time from work?

MR. STIEFEL:

May I see those slips?

MR. DOWLER:

I haven't finished offering them.

MR. STIEFEL:

Go ahead.

Q Did you bring the slips for July of '75?

A Yes.

Q Do they show that he missed some time from work?

MR. STIEFEL:

I'm going to object to that until I get a chance to see the report he is going from.

Q Do they show a reason for changing his attendance?

A There is no lost time in July of '75.

Q What are the purpose of those slips?

A These are for visits to the Medical Department.

MR. STIEFEL:

He is reading from a slip that I haven't--

Mr. Commissioner, I'm going to make a--

Q Do these show that he sought medical treatment from United Airlines Medical Department in July of 1975?

MR. STIEFEL:

Mr. Commissioner, I'm going to object on the basis that the reports speak for themselves. They're in the Commission's file, so be it.

MR. DOWLER:

If there is no objection I would move the report of July 11, 1975 which has a final diagnosis of chondismalacia and July 7, 1975 showing possible arthritis.

MR. STIEFEL:

I object to Mr. Dowler--If they're in the file I think they speak for themselves but I don't think Mr. Dowler needs to be stating.

MR. DOWLER:

You don't have any objection that they be admitted into evidence?

MR. STIEFEL:

I have no objection if they're in the file. If they're in the Commission's file I have no objection to anything in the Commission's file.

DEPUTY COMMISSIONER TALTON:

Well, I don't know if they are or not, does that conclude the case, we can check that out.

MR. STIEFEL:

It concludes it so long if--I don't mean to belabor the point but if they're not--

DEPUTY COMMISSIONER TALTON:

Let's go off the record.

(Off the record)

MR. STIEFEL:

I have an objection to the material that Mr. Dowler just admitted into evidence.

DEPUTY COMMISSIONER TALTON:

Specifically?

MR. STIEFEL:

Specifically disability irregularity reports in July or anything preceding September of 1975 if it was not sent to the Commission as part of the subpoena of Mr. Clark's personal records of United Airlines.

DEPUTY COMMISSIONER TALTON:

Do you have any belief or understanding as to whether or not it was submitted.

MR. STIEFEL:

My belief is that it was not submitted, if it's incorrect, then I'll withdraw my objection.

DEPUTY COMMISSIONER TALTON:

The case is concluded.

MR. DOWLER:

Well, what's the ruling on the evidence?

DEPUTY COMMISSIONER TALTON:

Well, it's admitted.

Case concluded.

Witnesses dismissed.

STATEMENT

221-3229 (153)
Hartford
United Airlines

ADEL L. ANTOUN, M.D., LTD.

ORTHOPEDIC SURGEON
14332 JEFFERSON DAVIS HIGHWAY
WOODBIDGE, VIRGINIA 22191

TELEPHONE: (703) 494-1147

Robert Clark
15820 Cardinal Drive
WOODBIDGE, Va. 22191

Handwritten notes:
2
P
Knee only
P
Knee only

DATE	PROFESSIONAL SERVICE	CHARGE	PAID	BALANCE
7-1-76	OV	20		
	X (L) Knee	80		
	X (R) Knee	80		80
7-8-76	Sent comp			80
7-15-76	Sus. Cr		80	0
12-28-78	OV	20		
	X	35		
	IN	25		80
1-2-79	Sent bomb			80
1-11-79	Compensation denied - please advise us of your insurance			80.00
1-16-79	Sent Sus			80
2-2-79	Sus R		64	16

Pay Last Amount in This Column

- OV - OFFICE VISIT
- S - SURGERY
- CA - CASH
- FUGV - FOLLOW-UP OFFICE VISIT
- CONT - CONSULTATION
- INS CK - INSURANCE CHECK
- X - X-RAY
- IN - INJECTION
- SAC - SHORT ARM CAST
- ER - EMERGENCY ROOM TREATMENT
- OVT - OFFICE VISIT TREATMENT
- LAC - LONG ARM CAST
- IN - IN HOSPITAL VISIT
- CR - CHECK
- SLC - SHORT LEG CAST
- LLC - LONG LEG CAST

Dis. Periods

1975 - Injuring - 9-24-75
Sept - 25, 26, 27, 28
Oct - ① 2, 3, 4, 5, 6
Nov. - -
Dec. - 5th

1976 - JAN -
Feb -
Mar - ↓
April -
↓ No Time
Jul - Visit Anton - pet
Aug - Dec - No Time

1977 - JAN - Dec - No Time lost

1978 JAN -
↓ No Time
Jan 19th - 20
July -
Aug -
Sept -
Oct - 8, 9, 10, 11, 12

1979 — JAN 9, 10, 11, 12, 13 — (Vac. but disal)
FEB —
MAR
APR
MAY
JUNE 23, 24
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AUG — 21
SEP — Notime
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SENIOR CENTER

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NAME R. Clark (DCAMM)	SENIORITY DATE	COLOR DATES: RED - ILLNESS GREEN - WOP
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	O					

NAME CLARK	SENIORITY DATE	COLOR DATES: RED - ILLNESS GREEN - HOP
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JANUARY						
S	M	T	W	T	F	S
	1	2	3	4	5	6 O
7 O	8 O	9 V	10 V	11 V	12 V	13 V
14 O	15 O	16	17	18	19	20
21	22	23 O	24 O	25	26	27
28	29	30 O	31			

FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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JUNE						
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JULY						
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29 O	30 O	31				

AUGUST						
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SEPTEMBER						
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OCTOBER						
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14 O	15 O	16	17	18	19	20
21 V	22 O	23 O	24 V	25 V	26 V	27 V
28 V	29 V	30 O	31 O			

NOVEMBER						
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DECEMBER						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 1, 1979

Mr. Robert Clark
15820 Cardinal Drive
Woodbridge, Virginia

Re: Our File No.: 298 C 76593
Insured: United Airlines
Claimant: Robert Clark
Date of Accident: 9/24/75

Dear Mr. Clark:

We are in receipt of a medical report from Dr. Stephen M. Levin covering your examination on January 22, 1979.

Please be advised that the statute with respect to the above-captioned accident and injury expired on September 24, 1977 and therefore, we will be unable to honor any treatment that you are undergoing at this time for injuries sustained in that accident and therefore, suggest that you turn this matter over to your group hospitalization care.

Should you have any questions in reference to this matter, please do not hesitate to contact the undersigned.

Very truly yours,

Margaret A. Hale
Claims Supervisor

MAH/dh

cc: Dr. Stephen M. Levin
United Airlines/Ramp Service Operations

RECEIVED

FEB 1979

MOD. CODE ASR DCAOZ DCACG Exp. File	ACCIDENT DATE 9/24/75	ACCIDENT TIME 1630	SHIFT Aft.	STATION ACG. CODE DCAMA
----------------------------------------	--------------------------	-----------------------	---------------	----------------------------

FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even though provided by a physician or registered professional personnel.	INJURY TO EMPLOYEE <input checked="" type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL	STATION CODE NO. 08
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	------------------------

EMPLOYEE'S NAME (LAST NAME FIRST) Clark, Robert	SEX M	FILE NUMBER 84016
----------------------------------------------------	----------	----------------------

MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.	JOB TITLE Line Mechanic	SOCIAL SECURITY NO. 191-12-7885	JOB CODE NO. 6026
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NOTE: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input type="checkbox"/> B INJURIES REQUIRING MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION	HOME ADDRESS (NO. AND STREET) 15820 Cardinal Drive	ORG. CODE NO. 9082
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	-----------------------

CITY, STATE, ZIP CODE Woodbridge, Virginia 22191	BIRTHDATE 5/20/23
-----------------------------------------------------	----------------------

FINAL DIAGNOSIS	DATE DISABILITY BEGAN 9/24/75	DATE RETURNED TO WORK	JOB SENIORITY DATE MONTH/DAY/YEAR 1/3/52
-----------------	----------------------------------	-----------------------	---------------------------------------------

DESCRIBE WORK RESTRICTIONS, IF ANY.	SCHEDULED WORK DAYS UNABLE TO WORK <input checked="" type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME	RESTRICTED ACTIVITY #1 P 4 DAYS	CG. SENIORITY DATE MONTH/DAY/YEAR 1/3/52
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ESTIMATE DURATION OF RESTRICTION/RE-EXAM DATE	MEDICAL EXAMINER'S SIGNATURE	DATE	DO NOT WRITE IN THESE SHADDED AREAS
-----------------------------------------------	------------------------------	------	-------------------------------------

REVISOR: * A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. * B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.	14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
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IMAGE TO <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES	OTHER: <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT
-----------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------

AIRCRAFT SER 332 TYPE 34E MAKE 35E MODEL 36E 642 B727	FACILITY NAME AND NUMBER 37E WORK ORDER NO. ASSIGNED
-------------------------------------------------------------	---------------------------------------------------------

TO REPAIR EACH UNIT SEPARATELY <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL \$	38E	39E
------------------------------------------------------------------------------------------------------------	-----	-----

NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE Mechanic R. Clark sustained minor burns about the face and bottoms of feet when struck by lightning while dispatching trip 299/24. Also in falling he received a cut to inside of lower lip requiring eight stitches.	23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
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DESCRIPTION OF ACCIDENT WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED On pushback of trip 299/24, PH 7642, just prior to topping at vehicular lane for disconnect, there was a lightning strike on the aircraft. The lightning exited thru the nose landing gear it hit mechanic R. Clark who was wearing the communications headset and walking along right side of nose area knocking him to the ramp surface. Mechanic K. Stuart who was walking the left wing tip and approx. 10 ft. from aircraft was also knocked down and experienced some numbness in his right leg. The weather was overcast with medium rain, with no thunder or lightning prior to incident. None observed afterward. No damage to aircraft. #1 radio was inoperative. Replaced captain's audio panel and minitel amplifier.	21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
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NAMES AND ADDRESSES OF WITNESSES Don Hoskin - DCAMA Jack Kearney - DCAMA	EXACT LOCATION OF ACCIDENT Vehicular lane just out from gate 26 area, Washington National Airport.
--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY. procedural violation. However, there was an apparent electrical storm in the area but not in the immediate vicinity. No thunder or lightning all day prior to incident.	29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS? plan to change procedure to have tractor driver communicate with aircraft on all push-outs at all times. Briefed all employees of incident. Made local incident bulletin.	31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
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SIGNATURE OF SUPERVISOR J. Davis	DATE 9 / 24 / 75	MANAGER'S APPROVAL W. J. Ester 104	DATE 9 / 29 / 75
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p 50, transcript 104

STANDARD FORM F

Employer's First Report of Injury or Illness

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

Complete and send immediately to CLAIM DEPARTMENT

Hartford Accident and Indemnity Company

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

STREET POLICY NUMBER, CITY POLICY PERIOD, STATE, AGENT'S CODE, AGENT'S NAME

Employer section: 1. Name of Employer: United Airlines; 2. Office address: Washington Nat'l Airport; 3. Insured by Hartford Accident and Indemnity Company; 4. Give nature of business: airline carrier

Time and Place of Accident or Exposure to Occupational Illness section: 5. Location of plant: Washington, D. C.; 6. Date of Injury: Sept. 24, 1975; 7. Date disability began: Sept. 24, 1975; 10. Name of foreman: J. Davis

Injured Person section: 11. Name of Injured: Robert Clark; 12. Address: 15220 Cardinal Drive, Woodbridge, Va.; 13. Check (X) Married; 15. Age: 55; 16. Occupation: Line Mechanic; 17. How long employed: 27 yrs; 18. Wages per hour: \$11.06

Cause of Injury or Illness section: 19. Machine, tool or thing causing injury; 20. Kind of power; 21. Part of machine; 22. Was safety appliance or regulation provided; 23. Was accident or illness caused by injured's failure; 24. Describe fully how accident or illness occurred; 25. Names and addresses of witnesses: Don Hoskin - UAL, Jack Kearney - UAL

Nature of Injury or Illness section: 26. Nature and location of injury: Minor burns about face and bottoms of feet; 27. Probable length of disability; 28. Has injured returned to work; 29. At what occupation: EMPLOYEE HAS LOST TIME BECAUSE OF THIS INJURY ON THE FOLLOWING DATES; 30. (a) Name and address of physician; (b) Name and address of hospital

Final Cases section: 31. Has injured died

Date of this report: January 24, 1979; Firm name: United Airlines; Signed by: R. J. Tafar 105

STANDARD FORM FOR EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

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

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

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee; or at the end of _____ days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer United Airlines
2. Office address: No. and St. National Airport City or Town Washington State D.C. 20001
3. Insured by Name of Company The Hartford Insurance Group
4. Name of Injured (in full) Robert Clark
(First Name) (Middle Name) (Last Name)
5. Present address: No. and St. 15820 Cardinal Dr. City or Town Woodbridge State Va.
6. Date of Injury Sept. 24 19 75, Day of week Wednesday Hour of day 1630 A. M. P. M.
Recurrence of injury.
7. Date disability began October 2, 1975 19 75, A. M. X P. M.
8. Has injured returned to work? yes If so, date and hour: October 9 19 75, A. M. X P. M.
9. Is injured person earning same wages as before injury? yes If not, explain.....
10. If disability has not terminated, state probable date of termination of disability.....
11. Has injured died? --- If so, date of death..... A. M. P. M.

Employee is still under medical care.

P 58, transcripts

Date of this report Dec. 8, 1975 Firm name United Airlines

Signed by B. E. Nelson 106 Official Title Mgr. - Station Cons.

106.

Prepare only one copy
82-31-025
DCAMD

UNITED AIR LINES

REQUEST FOR MEDICAL ATTENTION

7-11-75

Employee R. Clark File No. 84616 Work Area (Shop/Supervisor) Stg 4 Date of illness or injury 1/1

Occupational
 Illness
 Undetermined

EMPLOYEE: Return this form to supervisor prior to resuming work assignment.

Time leaving work area _____
Time arrived at DCAMD 13:57
Time leaving DCAMD 14:15
Time return to work area _____

Supervisor A. J. [Signature]

MEDICAL CERTIFICATION (DCAMD use only)

UNABLE TO WORK UNTIL FURTHER NOTICE
 Medical Examiner's request
 Employee's request

FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS

ABLE TO PERFORM -
 Light duties, if available, until _____
 Regular duties

SAFETY OFFICE FOLLOW-UP RECOMMENDED

Final diagnosis chondromalacia

Sent to outside doctor

Severity of illness or injury
 Slight Moderate Severe

Workman's Comp. Report
 Prepare
 Do not prepare

Medical Examiner's Signature
[Signature]
Date 11/11/75

Prepare only one copy
82-31-025
DCAMD

UNITED AIR LINES

REQUEST FOR MEDICAL ATTENTION

Employee A. Clark File No. 84616 Work Area (Shop/Supervisor) DCAMM Date of illness or injury 7/7/75

Occupational
 Illness
 Undetermined

EMPLOYEE: Return this form to supervisor prior to resuming work assignment.

Time leaving work area _____
Time arrived at DCAMD _____
Time leaving DCAMD _____
Time return to work area _____

Supervisor [Signature]

MEDICAL CERTIFICATION (DCAMD use only)

UNABLE TO WORK UNTIL FURTHER NOTICE
 Medical Examiner's request
 Employee's request

FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS

ABLE TO PERFORM -
 Light duties, if available, until _____
 Regular duties

SAFETY OFFICE FOLLOW-UP RECOMMENDED

Final diagnosis possible arthritis

Sent to outside doctor

Severity of illness or injury
 Slight Moderate Severe
107

Workman's Comp. Report
 Prepare
 Do not prepare

Medical Examiner's Signature
[Signature]
Date 7/11/75

p62, Transit

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKMEN'S COMPENSATION ACT:
 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF WORKMEN'S COMPENSATION
 INDUSTRIAL COMMISSION OF VIRGINIA
 P. O. Box 1794, Richmond, Virginia 23214

File

File No. _____

Case of _____

ATTENDING PHYSICIAN'S REPORT

Questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill blank in ink using pen or typewriter; and mail promptly to the employer or the Claim Office of the insurance carrier.

1. NAME OF INJURED EMPLOYEE (First, middle initial, last) Robert Clark		2. DATE OF INJURY (Mo., day, yr.) Sept. 75	
3. EMPLOYEE'S HOME ADDRESS (Number and street, city, state, zip code) 15820 Cardinal Drive, Woodbridge, Va. 22191		4. DATE OF BIRTH (or age) (Mo., day, yr.) 5-20-23	5. SEX M
6. NAME OF EMPLOYER: United Airlines		7. EMPLOYER'S ADDRESS (Number and street, city, state, zip code). National Airport, Washington DC.	
8. DATE OF FIRST VISIT (Mo., day, yr.) 7.1.76	9. DATE DISCHARGED (Mo., day, yr.) 7.1.76	10. WHO AUTHORIZED TREATMENT? Patient	
11. EMPLOYEE'S ACCOUNT OF HOW INJURY OR EXPOSURE TO OCCUPATIONAL DISEASE OCCURRED Struck by lightning.			
12. FINDINGS UPON EXAMINATION (INCLUDE RESULTS OF X-RAYS, LABORATORY STUDIES, ETC. NOTE PRIOR INJURIES AND PRE-EXISTING CONDITIONS AND ANY REMARKS AND RECOMMENDATIONS ON THE REVERSE OF THIS FORM.) Pain in both knees and hands.			
13. DIAGNOSIS Osteo-arthritis both knees and hands		14. IS DIAGNOSED CONDITION DUE TO OCCURRENCE DESCRIBED IN ITEM 11? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "NO", EXPLAIN ON REVERSE OF THIS FORM. Unknown	
15. NATURE OF TREATMENT Orthopedic examination, Motrin prescribed.		16. DATES OF YOUR TREATMENT (Mo., day, yr.) 7.1.76	
17. WAS EMPLOYEE HOSPITALIZED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give name and address of hospital in item 19)		18. WERE X-RAYS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give results in item 12)	
19. GIVE (1) NAMES, (2) ADDRESSES, AND (3) DATES OF TREATMENTS PROVIDED BY HOSPITALS OR OTHER DOCTORS FOR THIS INJURY			
20. WAS THERE DISABILITY FOR WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer 20-A, B, C)	A. DATE DISABILITY BEGAN (Mo., day, yr.)	B. DATE ABLE TO RETURN TO LIGHT WORK (Mo., day, yr.)	C. DATE ABLE TO RETURN TO REGULAR WORK (Mo., day, yr.)
21. WILL THERE BE PERMANENT DEFECT, OR FACIAL OR HEAD DISFIGUREMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," describe nature and extent of same. Estimate loss of function in % terms).			
22. NAME OF ATTENDING PHYSICIAN (Type or print) Adel L Antoun, MD		23. ADDRESS (Number and street, city, state, zip code) 14332 Jefferson Davis Hwy Woodbridge, Va. 22191	
24. I CERTIFY THAT I PERSONALLY EXAMINED AND TREATED THIS PATIENT SIGNATURE _____ M. D.		25. DATE OF THIS REPORT 7.8.76	

IRG 54-0792233

COMPLETE THIS REPORT IMMEDIATELY AFTER SEEING PATIENT FOR THE FIRST TIME.

108
108

CASE NO.

Robert CLARK

PATIENT'S NAME

ADDRESS 15820 Cardinal Dr. W/B INSURANCE Hartford. DATE 5. 20. 23

TEL. NO. 221-3229 REFERRED BY Dr. AJ Eitzen OCCUPATION AGE 53 SEX M S.M.W.C.

DATE
MO. DAY YR.

SUBSEQUENT VISITS AND FINDINGS

5/1/76

N.W. OA both knees & hands

Given Hohen

109

108-A

PATIENT'S NAME: Robert CLARK

ADDRESS: 15820 Cardinal Drive, Woodbridge, Va. 22191

BIRTH DATE: 5-20-23

AGE: 55

SEX: M

S.M.W.D.

INSURANCE: W. Comp

HOME PHONE:

221-3229

DATE
2.28.78

12-28-78

This 55 year old presented with a complaint of pain in his right buttock with radiation down the right thigh. X-rays of the lumbosacral spine showed markedly advanced osteo-arthritis. Straight leg raising was restricted on the right side. He also had tenderness of the right sacro-iliac joint. I have injected him with Lidocaine and Depomedrol.

6.28.79

6-28-79

He presented with a complaint of pain in both knees. X-rays and examination are consistent with moderately advanced arthritis of both knees and also patello-femoral arthritis. He was given a prescription for Motrin.

108-B

STATEMENT

ADEL L. ANTOUN, M.D. LTD.

ORTHOPEDIC SURGEON
14332 JEFFERSON DAVIS HIGHWAY
WOODBIDGE, VIRGINIA 22191

TELEPHONE: (703) 494-1147

221-3229 (53)
Hartford

United Airlines

Robert Clark
15820 Cardinal Drive
WOODBIDGE, Va. 22191

DATE	PROFESSIONAL SERVICE	CHARGE	PAID	BALANCE
7-1-76	OV	20		
	X (L) Knee	30		
	X (R) Knee	30		80
7-8-76	Sent comp			80
7-15-76	Ins ck		80	-0-
12-28-78	OV	20		
	X	35		
	IN	25		80
1-2-79	Sent comp			80
1-11-79	Compensation denied - please advise us of your insurance			80.00
1-16-79	Sent Ins			80
2-2-79	Ins ck		64	16
BILLED FEB 12 1979				

Pay Last Amount In This Column

OV - OFFICE VISIT	S - SURGERY	CA - CASH
FUOV - FOLLOW-UP OFFICE VISIT	CONT - CONSULTATION	INS CK - INSURANCE CHECK
X - X-RAY	IN - INJECTION	SAC - SHORT ARM CAST
ER - EMERGENCY ROOM TREATMENT	OVT - OFFICE VISIT TREATMENT	LAC - LONG ARM CAST
IN - IN HOSPITAL VISIT	CK - CHECK	SLC - SHORT LEG CAST
		LLC - LONG LEG CAST

FORM 3-41481-M

108-C

STATEMENT

ADEL L. ANTOUN, M.D., LTD.

ORTHOPEDIC SURGEON
14332 JEFFERSON DAVIS HIGHWAY
WOODBIDGE, VIRGINIA 22191

TELEPHONE: (703) 494-1147

Robert CLARK
15820 CARDINAL DRIVE
WOODBIDGE, VA 22191

16

DATE	PROFESSIONAL SERVICE	CHARGE	PAID	BALANCE
2-23-79	pt. ch		16	-0-
6-28-79	ov	35		
	X (R) Knee	30		
	X (L) Knee	30		95-
7-10-79	sent ins			
8-1-79	Pt ch		47.00	48.00
8-1-79	Ins ch		48.00	-0-

Pay Last Amount in This Column

- OV - OFFICE VISIT
- S - SURGERY
- CA - CASH
- FUDV - FOLLOW-UP OFFICE VISIT
- CONT - CONSULTATION
- INS CK - INSURANCE CHECK
- X - X-RAY
- IN - INJECTION
- SAC - SHORT ARM CAST
- ER - EMERGENCY ROOM TREATMENT
- OVT - OFFICE VISIT TREATMENT
- LAC - LONG ARM CAST
- IN - IN HOSPITAL VISIT
- CR - CHECK
- SLC - SHORT LEG CAST
- LLC - LONG LEG CAST

FORM S-41481-M

108-P

413
JK
611-772

611-772

berkeley orthopaedic associates, ltd.

practice limited to orthopaedic surgery
5021 seminary road
alexandria, virginia 22311
telephone 931-0233

stephen m. levin, m.d., f.a.c.s.

December 17, 1979

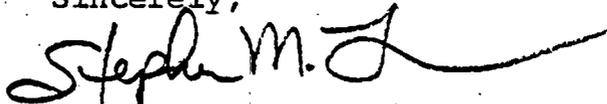
Mr. Kirk C. Miller, III
The Hartford
P.O. Box 3009
Alexandria, VA 22302

RE: Robert Clark

Dear Mr. Miller:

We have no EMG reports nor nerve conductivity studies on patient. Patient was seen in our office on 1-22-79 and report had been sent to you at that time. We have no further reports of any kind on patient.

Sincerely,



Stephen M. Levin, M.D.

SML:lm

RECEIVED
DEC 1 - 1979
KEY DESK 208

Fb
IC
611-772
E-9
alex
3-25-80

611-772
0

berkeley orthopaedic associates, ltd.

practice limited to orthopaedic surgery
5021 seminary road
alexandria, virginia 22311
telephone 931-0233

stephen m. levin, m.d., f.a.c.s.

December 28, 1979

Ms. Mary D. Welch
The Hartford
P.O. Box 3009
Alexandria, VA 22302

RE: Robert Clark

Dear Ms. Welch:

In reviewing my notes of Mr. Clark from his visit here January 1979, as far as I can tell from his history, his pain in his right leg started after his injury in 1975 and has been persistant since that time. If that is true and documented, we would have to assume that his present pain in the right lower extremity would be related to that incident.

The injury he sustained to his right foot in W.W.II. left him with a permanent impairment and although I did not do a detailed rating, effusion in the region would be consistant with a permanent physical impairment to the foot of 80%. As noted he also had arthritic complaints in his knees which was probably unrelated to the injury he sustained at work in 1975.

As you will note, my next to the last paragraph, on page 2, stated that it was my feeling that he needed a series of further studies but wanted a letter of clearance from the Hartford before I would involve them in paying for EMG's, mylograms, etc. as I felt there was some question as to the extent of his previous evaluations and whether it was still a covered injury some 3+ years after the incident. If you feel that you would want to go ahead for a more complete evaluation, I can arrange for EMG diagnostic studies and a mylogram if necessary.

Sincerely,

Stephen M. Levin, M.D.

RECEIVED

JAN 78 1980

OFFICE 252

SML:lm

114
110

NOV 6 1980
Opinion by TALTON,
Deputy Commissioner

Hearing before Deputy Commissioner TALTON in Alexandria, Virginia on March 25, 1980.

This case is before us on the letter application of the claimant, by counsel, filed December 11, 1979 alleging an injury by accident arising out of and in the course of the employment on September 24, 1975.

The claim is defended on the ground that the statute of limitation of Virginia Code §65.1-87 has expired and that the Industrial Commission is without jurisdiction to enter an award.

On September 24, 1975 the claimant was struck by lightning while working as a line mechanic with the defendant airline. It appears from the record that the employee's risk of being struck by lightning was materially increased by the nature of his contact with an electrical communication line which served in this case as the conduit for a lightning charge which was initially attracted to the airplane. A finding is made that Mr. Clark did sustain an injury by accident arising out of and in the course of the employment on September 24, 1975. The claimant was paid injury leave for ten days of incapacity immediately following the incident and for intermittent periods of disability thereafter. The record further reflects that the defendants paid all medical expenses related to the September 1975 accident until January of 1979 when they refused to pay the cost of a visit by the claimant to Dr. Antoun on January 2, 1979 and also for a consultant orthopedic evaluation by Dr. Stephen M. Levin.

An Employer's First Report of Accident form was completed on October 8, 1979 in spite of the fact that the claimant lost more than seven days from work immediately following the mishap.

The Commission finds that the continuance of pay during the intermittent days that the claimant was absent from work due to the industrial accident has effectively estopped the employer from relying upon the statute of limitations of Virginia Code §65.1-87. It was admitted in the testimony that the designation of a day as "I" time indicated that the pay was for a work-related injury. The Commission has consistently held that the payment of salary and medical expenses tolls the statute of limitations. Moody v. City of Richmond School Board, 56 O.I.C. 227, Williams v. City of Fairfax, 51 O.I.C. 298.

An award will be entered accordingly.

A W A R D

An award is hereby entered on behalf of the claimant against the defendant for the period of September 25, 1975 through October 5, 1975 inclusive and for various intermittent periods of incapacity ending August 21, 1979 for which Mr. Clark was paid injury leave. Since the employee received full salary during all periods in question this award shall be for record purposes only.

A further award is entered for all reasonable and necessary medical expenses related to the industrial accident including the related charges of Drs. Antoun and Levin.

Attorney Barry A. Stiefel is authorized to collect a fee of \$200.00 from the claimant for legal services rendered.

The case is ordered removed from the hearing docket.

MOUNTFORT, FURR, DOWLER & JACKSON
ATTORNEYS AT LAW
605 PARK AVENUE
FALLS CHURCH, VIRGINIA 22046

November 11, 1980

RICHARD W. MOUNTFORT
HENRY R. FURR
ROBERT W. DOWLER
DAVID B. JACKSON
HAROLD M. WALKER, JR.

532.4366
AREA CODE 703

CERTIFIED
RETURN RECEIPT REQUESTED

*Mailed
11-12-80*

The Industrial Commission of Virginia
Department of Workmen's Compensation
P.O. Box 1794
Richmond, Virginia 23214

Re: Clark vs. United Airlines
I.C. File No: 611-772
Hartford File No: 298 C 76593

Gentlemen:

The defendants respectfully request a review by the Full Commission of the decision in the captioned case rendered by Deputy Commissioner Talton on November 6, 1980.

Would you kindly forward to this office a copy of the transcript of the hearing in the captioned case which was held at Alexandria, Virginia on March 25, 1980.

Thank you for your attention to the above.

Copy of transcript sent
November 19, 1980. Charged
\$18.90 for 63 pages of type.
MPH

Very truly yours,

Robert W. Dowler
ROBERT W. DOWLER

RWD:djr

cc: Hartford Ins. Co.
Barry Steifel, Esquire

Review

11/12/80

11/14/80

AMK



COMMONWEALTH OF VIRGINIA



(Refer to I.C. File No. in all correspondence about this injury.)

I.C. FILE NO. 621-772

DEPARTMENT OF WORKMEN'S COMPENSATION INDUSTRIAL COMMISSION OF VIRGINIA

CARRIER'S NO.

P. O. BOX 1794 RICHMOND, VIRGINIA 23214

DATE OF ACCIDENT 9/26/75

NOTICE OF REVIEW

RE. ROBERT CLARK
V.
UNITED AIRLINES
(SEE: U. A. L., INC.)

TO THE PARTIES ADDRESSED:

A REVIEW before the full Commission will be held at:
INDUSTRIAL COMMISSION COURTROOM
Blanton Building - 3rd Floor
Governor and Bank Streets
Richmond, Virginia

Claimant

Robert Clark
[Notice to Counsel]

Employer

United Airlines
(See: U. A. L., Inc.)
[Notice to Counsel]

Insurance Carrier

SELF-INSURED

Claimant's Counsel

Darry A. Stiefel, Esquire
4660 Kenmore Avenue, Suite 220
Alexandria, Virginia 22304

Defendant's Counsel

Robert H. Dowler, Esquire
805 Park Avenue
Falls Church, Virginia 22066

on January 5, 1981 at 9:30 AM

Defendants, by counsel, made application for Review before Full Commission of decision of Deputy Commissioner TALTON dated November 6, 1980.

This review is a part of a schedule and cannot be postponed without considerable inconvenience. The Commission will not consent to postponement except upon strictly legal grounds.

No additional evidence of any nature is taken at the time of review before the full Commission.

The Commission's procedure permits the filing of briefs in lieu of appearance or oral arguments.

All parties in interest have the privilege, if they so desire, of being present at the above time and place.



INDUSTRIAL COMMISSION OF VIRGINIA

Date of this Notice 12/1/80 pg

118
/15

6



Opinion by JOYNER,
Chairman

JAN 28 1981

REVIEW before the Full Commission at Richmond, Virginia, on January 5, 1981.

This claim is before the Full Commission for review of the opinion of November 6, 1980, finding that the employer was estopped to rely upon their defense that the time limitation for filing the claim had expired.

The evidence clearly establishes that the claimant was injured by industrial accident on September 24, 1975, when he was struck by lightning in the course of his employment. The employer's first report of accident was not filed until October 8, 1979. Following his injury, the claimant was paid salary in lieu of compensation for approximately ten days immediately following the date of accident and for December 1, 1975. He was also paid salary in lieu of compensation for one day while receiving medical treatment for these injuries, on July 1, 1976. There was no further disability nor salary paid in lieu of compensation until June 19 and June 20, 1978. After that date, salary in lieu of compensation was paid for October 9 through October 12, 1978, June 24, 1979, and October 21, 1979.

July 1, 1976, is the pivotal date to the employer's defense. If the claimant's absence on that date was not the result of injuries suffered in the earlier industrial accident, then the time limitation for the filing of his claim would expire on December 1, 1977. Conversely, if the claimant was disabled from these injuries on July 1, 1976, there is no two-year period in which salary was not paid in lieu of compensation, assuming the

later dates of disability in 1978 and 1979 were causally related to the industrial accident.

The medical report of Dr. Adel L. Antoun, Orthopedic Surgeon, of July 8, 1976, regarding his examination of the claimant on July 1, 1976, notes that the claimant was struck by lightning; that he was experiencing pain in both knees and hands; that he diagnosed osteoarthritis in both knees and hands and that it was not known whether or not the diagnosed condition was causally related to the industrial accident.

The Full Commission, upon review, therefore, finds that even though the employer noted in his payroll records that the claimant was paid for July 1, 1976, for absence due to the industrial accident, that the medical evidence fails to substantiate this.

We, therefore, find that the last date for which the claimant was paid salary in lieu of compensation was December 1, 1975, and that the time limitation for filing his claim therefore expired on December 2, 1977.

In so holding, we also note parenthetically that the medical evidence is in conflict as to whether or not the claimant's arthritic condition may have been either caused or aggravated by the electrical shock on September 24, 1975.

The decision of November 6, 1980, is therefore reversed and set aside. An attorney's fee in the sum of \$500.00 is approved for Barry A. Stiefel for legal services rendered the claimant in connection with this claim, the payment of which shall be the responsibility of the claimant.

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

The following service is requested (check one).
 Show to whom and date delivered. _____
 Show to whom, date, and address of delivery. _____
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Barry A. Stiefel Esquire
 4660 Kenmore Ave, Suite 220 R.O.
 Alexandria, Virginia 22304

3. ARTICLE DESCRIPTION:
 REGISTERED NO. 327649 CERTIFIED NO. INSURED NO.

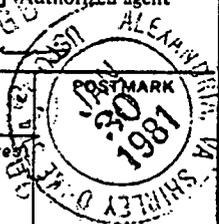
(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent
P. Robb

4. DATE OF DELIVERY
 1-30-81

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: _____ CLERK'S INITIALS _____



☆ GPO: 1979-272-382

118

II. ASSIGNMENT OF ERROR

There is not sufficient evidence in the record to support the Industrial Commission's denial of workmen's compensation benefits on the grounds that injuries sustained by Petitioner after December 1, 1975 did not arise from a compensable accident.

III. STATEMENT OF FACTS AND MATERIAL PROCEEDINGS

On September 24, 1975, the Petitioner, Robert Clark, was employed by United Air Lines, (hereinafter United), as a line mechanic at their National Airport facility. On the afternoon of September 24, Mr. Clark was directing a United 727 towards the runway when a lightning bolt struck the airplane. The bolt lit up the entire plane and then travelled through Mr. Clark by way of his communications headset. The force of the bolt threw Mr. Clark into the air and knocked him to the ground where he landed on his face and knees.

Mr. Clark was taken to United's infirmary where he was attended to by the company's physician. Due to his injuries, Mr. Clark missed ten of the next twelve days. During this time he was paid full salary in lieu of compensation under an Injury Leave provision of his union contract.

Mr. Clark next missed work on December 4, 1975. United paid Mr. Clark's full salary for this date under the Injury Leave provision of his contract. A company physician attributed Mr. Clark's injuries to the electrical shock received on September 24, 1975.

Virginia

In the INDUSTRIAL COMMISSION

3/2

FEB 26 1961
RECEIVED
RICHMOND, VIRGINIA

Exhibit A

CLAIMANT - Robert Clark

vs. {

EMPLOYER - United Airlines [U.A.L., Inc.]
Self Insured

Claim No. 611-772

SEPARATE FOLDER - Exhibit A

Records, including medical records,
furnished by United Airlines in
response to subpoena duces tecum

Medical reports of ^{Dr. A. J. Ferlozzo and} Dr. Gary M. Kohn

pages not numbered

pages not numbered

Executed this 18 day of Jan,
1950 by serving a true copy of the within
process on Mr. Rutley in
person, in Arlington County, Virginia.

Given under my hand this 18 day of

Jan 1950 J. Elwood Clements, Jr.
J. Elwood Clements

Sheriff of Arlington County, Va.

Time 3:10 P By J. S. Burtner
Deputy Sheriff #66

SUBPOENA DUCES TECUM
FOR THE PRODUCTION OF RECORDS

JAN 2 1980

Re: Claim No. 611-772
Robert Clark v. United Airlines [U.A.L.]

COMMONWEALTH OF VIRGINIA,
INDUSTRIAL COMMISSION OF VIRGINIA

To the SHERIFF of the COUNTY OF ARLINGTON:

WE COMMAND that you summon United Airlines [U.A.L., Inc.], c/o Washington
National Airport, Washington, D. C., Attention: Director of Personnel

to lodge with
~~to appear before~~ the Industrial Commission of Virginia, at the office of its Secretary,
Room 304 - Blanton Building, Governor & Bank Streets, Richmond,
Virginia 23219 [Post Office Box 1794, Richmond, Virginia 23214].....
or before
on the 21st day of January, 1980

~~to produce before the Commission~~ photocopies of
the certain writings described, to-wit:

...any and all medical and other records
(for treatment rendered by the doctors at
National Airport) pertaining to the injuries
sustained in the industrial accident, as well
as leave records, personnel files and any c
records concerning the claimant, ROBERT CJ



on behalf of the _____ claimant _____ in a matter now pending and undetermined
wherein _____

Robert Clark is the claimant, and United Airlines [U.A.L., Inc.]

.....defendants.

And have then there this writ and make known how you have executed the same.

WITNESS, Mary W. Ragland, Secretary of said Commission, this the 3rd day of
January, 1980.

MARY W. RAGLAND, Secretary

Mary W. Ragland

Lawrence J. Pascal, Esq.
4660 Kenmore Avenue, Suite 220
Alexandria, Virginia 22304
Counsel for claimant.

KFOBY DCASR NYCVG NYCMZ NYCSY DCAMD DCACG DCAOZ
R00AC00A 251447 1833 294
MECHANIC R. CLARK WHILE DISPATCHING TRIP 299 ON 9-24-75
WAS STRUCK BY LIGHTNING KNOCKING HIM TO RAMP SURFACE.
PRELIMINARY INFO RCVD INDICATES HE SUFFERED MINOR BURNS
TO FACE AREA. ALSO IN FALLING HE RCVD A CUT TO INSIDE
OF LOWER LIP REQUIRING EIGHT STITCHES. NO THUNDER OR
LIGHTNING AT ANY TIME PRIOR TO INCIDENT. OVERCAST AND
MEDIUM RAIN. NO DAMAGE TO AIRCRAFT.
ESTIMATED LOST TIME: 2 DAYS.
DCACG-HAFER
R09251448 6675 0653

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

10-05 100.0002	ACCIDENT DATE (M/P/E) MONTH/DAY/YEAR 12/24/52	ACCIDENT TIME (Z/P) 1635 FTT	1101	34	STATION ACC. CODE MEMPHIS	4 P/E
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even though provided by a physician or registered professional personnel.	<input checked="" type="checkbox"/> INJURY TO EMPLOYEE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL		SECTION CODE NO.	5 P/E		
MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.	EMPLOYEE'S NAME (LAST NAME FIRST) L. J. McNamee		PP. NO.	7 P/E	FILE NUMBER 94210	
NOTE: MARK EITHER A OR B, NOT BOTH	JOB TITLE LTL - MECHANIC		SOCIAL SECURITY NO.	9 P/E	JOB CODE NO. 6006	
<input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY	HOME ADDRESS (IND. AND STREET)		IPC. CODE NO.	10 P/E		
<input type="checkbox"/> B INJURIES REQUIRING MEDICAL TREATMENT	CITY, STATE, ZIP CODE		BIRTHDATE	11 P/E		
<input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION	DATE DISABILITY BEGAN		DATE RETURNED TO WORK	12 P/E	JOB SENIORITY DATE MONTH/DAY/YEAR 1-2-50	
FINAL DIAGNOSIS	SCHEDULE: WORK DAYS UNABLE TO WORK FOR RESTRICTED ACTIVITY		CO. SENIORITY DATE MONTH/DAY/YEAR	13 P/E		
DETERMINE WORK RESTRICTIONS, IF ANY	<input type="checkbox"/> ESTIMATED ABSENCE TIME <input checked="" type="checkbox"/> ACTUAL ABSENCE TIME 1 1/2 DAYS		DAYS	14 P/E	DATE 1/1	
ESTIMATE DURATION OF RESTRICTION; RE-EXAM DATE	MEDICAL EXAMINER'S SIGNATURE		DATE	15 P/E	DO NOT WRITE IN THIS SHADDED AREA	

SUPERVISOR: *A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician.
 *B If this is checked above, complete all remaining applicable sections of this form; prepare Workmen's Compensation forms, and submit per regulations.

DAMAGE TO	42 AIRCRAFT	43 GROUND EQUIPMENT	44 FACILITIES	OTHER	45 FINE	46 FLAMMABLE LIQUID SPILL	47 POTENTIAL ACCIDENT	14 P/E	
AIRCRAFT	33E TYPE	GROUND EQUIPMENT	34E MAKE	35E MODEL	36E	FACILITY NAME AND NUMBER	37E WORK ORDER NO. ASSIGNED	15 P/E	
EST TO REPAIR EACH UNIT SEPARATELY	38E ESTIMATED	39E ACTUAL							16 P/E

NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE
 R. L. CARROLL WAS STRUCK BY PROPELLOR THAT BROKE THROUGH COCKPIT AREA OF AIRCRAFT TO CAUSE INJURY TO CHEST OF R. L. CARROLL. THE PROPELLOR WAS BROKEN INTO SEVERAL PIECES.

DESCRIPTION OF ACCIDENT
 (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)
 LAST LEG OF 1219 219. AIRCRAFT DEPARTED FROM MEMPHIS TO ST. LOUIS. APPROXIMATELY 15 MINUTES BEFORE ARRIVAL AT ST. LOUIS, THERE WAS A PROPELLOR STRUCK ON THE PROPELLOR, WHICH THE PROPELLOR WENT THROUGH THE COCKPIT AREA AND STRUCK R. L. CARROLL WHO WAS SEATED IN THE COCKPIT. CARROLL WAS STRUCK IN THE CHEST AREA AND WAS INJURED. THE PROPELLOR WAS BROKEN INTO SEVERAL PIECES AND FELL INTO THE AIRCRAFT.

WEATHER WAS CLOUDY WITH CONTINUOUS LIGHT SNOW FALLING OUT OF THE THUNDERHEADS. HAZARDOUS TO TAKE OFF AND LANDING. THE PILOT HAD NO OTHER INFORMATION.

55 AND ADDRESSES OF WITNESSES NAME ADDRESS PER ADDRESS NEW SPARK PLAN	EXACT LOCATION OF ACCIDENT IN COCKPIT AREA, BETWEEN SEAT AND LEG REST	27 P/E
UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.		28 P/E

ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?
 THE PILOT WAS ADVISED OF THE PROPELLOR STRUCK ON THE PROPELLOR AND THAT IT WAS BROKEN INTO SEVERAL PIECES. THE PILOT WAS ADVISED THAT THE PROPELLOR WAS BROKEN INTO SEVERAL PIECES AND FELL INTO THE AIRCRAFT.

SIGNATURE OF SUPERVISOR	DATE	MANAGER'S APPROVAL	DATE
	1/1		1/1

UNITED AIR LINES
ACCIDENT REPORT
SPECIFICATIONS 5-17

1. CO. ABBREVIATION		3. ACCIDENT DATE MONTH DAY YEAR		4. ACCIDENT TIME 2 M/5		5. AIRLINE CODE		6. DATE	
7. FIRST AID TREATMENT Is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc. so forth which do not ordinarily require medical care as provided by a physician or registered professional nurse.		8. INJURY TO EMPLOYEE		9. FULL NAME		10. LAST NAME		11. TITLE	
12. MEDICAL TREATMENT Is administered by a physician or by registered professional personnel under the standing orders of a physician.		13. EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)		14. SOCIAL SECURITY NO.		15. JOB NO.		16. DATE	
17. MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		18. HOME ADDRESS (IND. AND STREET)		19. CITY, STATE, ZIP CODE		20. BIRTH DATE		21. SENIORITY DATE MONTH/DAY/YEAR	
22. DESCRIBE WORK SITUATIONS, IF ANY		23. SCHEDULED WORK DAYS UNABLE TO WORK (40H)		24. LIGHT DUTY		25. ESTIMATED ABSENCE TIME		26. ACTUAL ABSENCE TIME	
27. MEDICAL EXAMINER'S SIGNATURE		28. DATE		29. SENIORITY DATE MONTH/DAY/YEAR		30. SENIORITY DATE MONTH/DAY/YEAR		31. SENIORITY DATE MONTH/DAY/YEAR	

32. SUPERVISOR: *A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician.
*B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.

33. DAMAGE TO <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		34. OTHER <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT	
35. AIRCRAFT 35E TYPE 35E MAKE 35E MODEL		36. FACILITY NAME AND NUMBER	
37. WORK ORDER NO. ASSIGNED		38. TO REPAIR EACH UNIT SEPARATELY? <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL	

39. NATURE AND EXTENT OF INJURY. DESCRIPTION OF DAMAGE
 40. DESCRIPTION OF ACCIDENT
 AT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED

41. NAMES AND ADDRESSES OF WITNESSES
 42. EXACT LOCATION OF ACCIDENT

43. UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.

44. ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?

45. SIGNATURE OF SUPERVISOR	46. DATE	47. MANAGER'S APPROVAL	48. DATE
-----------------------------	----------	------------------------	----------



Memo/Messag e Blank

See Regulations 5-28 and 35-10

When used for message transmission, show name only when necessary

Co. Add. Code	Name	Approval Info	Act or	File	Addressee's Initials and Date

While walking the wing of a pack back from gate 27 (left side) just before getting ready to disembark from bus I heard a very loud noise. Looking up I saw Blue Smoke ^{very} large spark coming from top of fuelage.

R.G. Stuart

From	Co. Add. Code	Name	Date
			/ /

706 RE... 11-74 PRINTED IN U.S.A

(SEPT 24, 1975

At Approximately 1630 I OBSERVED
F-299 BEING PUSHED BACK FROM THE GATE
JUST PRIOR TO READING THE VELOCITY GAGE,
(THE AIRCRAFT STILL MOVING NORMALLY) I SAW
A BOLT OF BLUE PLUMING STRIKE THE TOP
OF THE FUSELAGE AT ABOUT HALF WAY BACK
FROM THE NOSE. MANY SPARKS AND REMAINING CANDLES
FLOATED DOWN BOTH SIDES OF THE FUSELAGE, AS
THEY HIT THE GROUND I SAW GREAT SMOKE OR STEAM
ARISING FROM THE WET RAMP.

AT THE SAME TIME I SAW MECH. BOB CLARK
FALL TO THE GROUND AND INJURED.

I CALLED THE RAMP PLANNER IMMEDIATELY
TO HAVE AN AMBULANCE SENT TO THE AREA.

[Signature]

Incident Report

During push back operations of Trip 290/24, approximately 25 Feet from push back termination point, I, as the tractor driver, observed the following events happen simultaneously:

- 1 - A blinding flash of light and a very loud explosive noise in the vicinity of the nose gear of the airplane.
- 2 - The man in charge of departure, wearing the communication headset, pitched forward face down onto the ramp.
- 3 - A shower of white sparks was falling to the ground on the left side of the airplane, just fwd of the wing root leading edge.

I stopped the airplane movement and attempted to signal Ken Stuart, the wing man to signal to the cockpit to park the brakes. Ken appeared to be slightly dazed and unable to understand what I wanted. I applied the tractor parking brake, left the tractor and ran around to a position where I signaled the captain to park the brakes, received his reply, glanced at the wing roots for evidence of fire, and ran around the rear of the tractor to check on Bob Clark, the man who was knocked to the ground.

Bob was now up on his hands and knees and I helped him up. I observed him to be bleeding from the nose and mouth, and he appeared to be completely confused. I helped him into the RT seat of a company truck and he was taken to the fire station to be met by an ambulance. I then re-boarded the tractor and towed the airplane back to the blocks.

ACCIDENT REPORT
SEE REGULATIONS 5-1.1

EMPLOYEE NAME: BOBBI STROM NYRMO LEUNG BOASE BOAOX BOAOX SMO. File		ACCIDENT DATE (MONTH/YEAR): 9/24/75	ACCIDENT TIME: 1630	SHIFT: Aft.	LOCATION ON AERODROME: DCAMA
MEDICAL TREATMENT: <input checked="" type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL		EMPLOYEE'S NAME (LAST NAME FIRST): Clark, Robert		SEX: M	FILE NUMBER: 81016
MEDICAL TREATMENT IS ADMINISTERED BY A PHYSICIAN OR BY REGISTERED PROFESSIONAL PERSONNEL UNDER THE STANDING ORDERS OF A PHYSICIAN.		JOB TITLE: Line Mechanic		SOCIAL SECURITY NO.: 101-12-7885	JOB CODE NO.: 6026
NOTE: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		HOME ADDRESS (NO. AND STREET): 15820 Cardinal Drive		ORG. CODE NO.: 9082	
FINAL DIA NO.:		CITY, STATE, ZIP CODE: Woodbridge, Virginia 22191		BIRTHDATE: 5/20/23	
DATE DISABILITY BEGAN: 9/24/75		DATE RETURNED TO WORK:		CO. SENIORITY DATE (MONTH/YEAR): 1/3/52	
DESCRIBE WORK RESTRICTIONS, IF ANY:		SCHEDULED WORK DAYS UNABLE TO WORK (WORK RESTRICTED ACTIVITY 4 1 P): <input type="checkbox"/> ESTIMATED ABSENCE TIME <input checked="" type="checkbox"/> ACTUAL ABSENCE TIME 4 DAYS		CO. SENIORITY DATE (MONTH/YEAR): 1/3/52	
ESTIMATE DURATION OF RESTRICTION (DATE-EXAM DATE):		MEDICAL EXAMINER'S SIGNATURE:		DATE: 1/1	
SUPERVISOR: *A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.					
DAMAGE TO: <input checked="" type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER: <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT			
AIRCRAFT: NUMBER 7642 TYPE B727		GROUND EQUIPMENT: MAKE 34E MODEL 36E		FACILITY NAME AND NUMBER: 37E WORK ORDER NO. ASSIGNED:	
COST TO REPAIR (LIST EACH UNIT SEPARATELY): <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL 5					
SIGNATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE: Mechanic R. Clark sustained minor burns about the base and bottoms of feet when struck by lightning while dispatching trip 299/24. Also in falling he received a cut to inside of lower lip requiring eight stitches.					
DESCRIPTION OF ACCIDENT (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED): On pushback of trip 299/24, FN 7642, just prior to stopping at vehicular lane for disconnect, there was a lightning strike on the aircraft. When the lightning exited thru the nose landing gear it hit mechanic R. Clark who was wearing the communications headset and walking along right side of nose area knocking him to the ramp surface. Mechanic K. Stuart who was walking the left wing tip and approx. 10 ft. from aircraft was also knocked down and experienced some numbness in his right leg. The weather was overcast with medium rain, with no thunder or lightning prior to incident. None observed afterward. No damage to aircraft. #1 radio was inoperative. Replaced captain's audio panel and minitel amplifier.					
NAMES AND ADDRESSES OF WITNESSES: Don Hoskin - DCAMA Jack Kearney - DCAMA		EXACT LOCATION OF ACCIDENT: Vehicular lane just out from gate 26 area, Washington National Airport.			
WHAT UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY: No procedural violation. However, there was an apparent electrical storm in the area but not in the immediate vicinity. No thunder or lightning all day prior to incident.					
WHAT ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS? We plan to change procedure to have tractor driver communicate with aircraft on all push-outs at all times. Briefed all employees of incident. Mads local incident bulletin.					
SIGNATURE OF SUPERVISOR: J. Davis		DATE: 9 / 24 / 75		MANAGER'S APPROVAL: W. J. Hafer	
				DATE: 9 / 29 / 75	

Employer's First Report of Injury

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

Complete and send immediately to

CLAIM DEPARTMENT

Hartford Accident and Indemnity Company

State's	File:
Number	Carrier:
File	Employer:
Carrier's File No.	
(The spaces above are to be filled in by Employer)	

STREET CITY STATE

AGENT'S CODE:

AGENT'S NAME:

POLICY NUMBER:

POLICY PERIOD:

Employer	1. Name of Employer Titled Airlines	I.A.S. Loc. Code
	2. Office address: No. and St. National Airport City or Town Washington State D.C. ZIP 20001	
	3. Insured by Hartford Accident and Indemnity Company, Hartford, Connecticut.	
	4. Give nature of business (or article manufactured): Air Courier	
Time and Place	5. (a) Location of plant or place where accident occurred Washington, D.C. Department _____ State if employer's premises Yes	
	(b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill _____	
	6. Date of injury Sept. 24 19 73 Day of week Wed. Hour of day 1630 A. M. P. M.	
	7. Date disability began Sept. 24 19 73 A. M. P. M. 8. Was injured paid in full for this day Yes	
	9. When did you or foreman first know of injury Immediately	
10. Name of foreman J. Davis		
Injured Person	11. Name of Injured Robert Clark (First Name) (Middle Initial) (Last Name) Phone No. 875-6114 Social Security No. 191-12-7895	
	12. Address: No. and St. 15320 Cardinal Drive City or Town Woodbridge State Virginia ZIP 22191	
	13. Check (✓) Married X , Single _____, Widowed _____, Widower _____, Divorced _____; Male X , Female _____	
	14. How many children under 18 years of age? 0	
	15. Age 52 Did you have on file employment certificate or permit? Yes	
	16. (a) Occupation when injured Line Mechanic (b) Was this his or her regular occupation Yes (If not, state in what department or branch of work regularly employed) _____	
	17. (a) How long employed by you 23 yrs. (b) Piece or time worker time (c) Wages per hour \$ 8.14	
	18. (a) No. hours worked per day 6 (b) Wages per day \$ 65.12 (c) No. days worked per week 5 (d) Average weekly earnings \$ 325.60 (e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated value per day, week or month _____	
Cause of Injury	19. Machine, tool or thing causing injury _____ 20. Kind of power (hand, foot, electrical, steam, etc.) _____	
	21. Part of machine on which accident occurred _____	
	22. (a) Was safety appliance or regulation provided _____ (b) Was it in use at time _____	
	23. Was accident caused by injured's failure to use or observe safety appliance or regul. _____ no	
	24. Describe fully how accident occurred, and state what employee was doing when injured Aircraft struck by lightning. When the lightning exited thru the nose landing gear it hit employee. Employee knocked to ground.	
25. Names and addresses of witnesses Don Harkin - UAL Jack Kearney - UAL		
Nature of Injury	26. Nature and location of injury (describe fully exact location of amputations or fractures, right or left) Minor burns about face and bottoms of feet; also cut on inside of lower lip requiring eight stitches.	
	27. Probable length of disability 4 days 28. Has injured returned to work no If so, date and hour _____ At what wage \$ _____	
	29. At what occupation _____	
	30. (a) Name and address of physician Unknown at this time. (b) Name and address of hospital _____	
Fatal Cases	31. Has injured died no. If so, give date of death _____	

Date of this report **Sept. 29, 1973**Firm name **Titled Airlines**Signed by **134. Rafar**

05440-100-Form 1-68-1-73

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 2-12

CO. ACC. CODE <i>DC21111</i>		ACCIDENT DATE MONTH/DA/YEAR	ACCIDENT TIME Z/P/E	SHIFT	STATION A.T. CODE	A.P.F.
ST. AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, so forth which do not ordinarily require medical care even when provided by a physician or registered professional nurse.		INJURY TO EMPLOYEE <input checked="" type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> FINAL		STATION CODE NO.		S.P.F.
MEDICAL TREATMENT is administered by a physician or by a registered professional personnel under the standing orders of a physician.		EMPLOYEE'S NAME (LAST-NAME FIRST)		STATUS	FILE NUMBER	
FURTHER MARK EITHER A OR B, NOT BOTH A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY B INJURIES REQUIRED MEDICAL TREATMENT C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		JOB TITLE		SOCIAL SECURITY NO.	I.D. CARD NO.	
FURTHER MARK EITHER A OR B, NOT BOTH A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY B INJURIES REQUIRED MEDICAL TREATMENT C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		HOME ADDRESS (NO. AND STREET)		Q.M.S. CODE NO.		
FURTHER MARK EITHER A OR B, NOT BOTH A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY B INJURIES REQUIRED MEDICAL TREATMENT C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		CITY, STATE, ZIP CODE		BIRTH DATE		
CAUSE OF ACCIDENT <i>Acceleration, lightning shock.</i>		DATE DISABILITY BEGAN		DATE RETURNED TO WORK		CO. SENIORITY DATE MONTH/DA/YEAR
DURATION OF RESTRICTION, IF ANY <i>none</i>		SCHEDULED WORK DAYS UNABLE TO WORK <input type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME		HOURS OF ACTIVITY		CO. SENIORITY DATE MONTH/DA/YEAR
DURATION OF RESTRICTION (REG-TEAM DATE)		MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>		DATE <i>10/1/73</i>		CO. SENIORITY DATE MONTH/DA/YEAR
REMARKS *A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.						14 P.F.
AGE <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT				
AIRCRAFT 372 TYPE		GROUND EQUIPMENT 346 MAKE 356 MODEL 366		FACILITY NAME AND NUMBER		37E WORK ORDER NO. ASSIGNED
COST OF REPAIR EACH UNIT (RATELY) <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL \$						
NATURE AND EXTENT OF INJURY, DESCRIPTION OF DAMAGE						
DESCRIPTION OF ACCIDENT (WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)						
AND ADDRESS OF INJURED PERSON						
EXACT LOCATION OF ACCIDENT						
WAS THERE A VIOLATION OF PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.						
ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?						

DATE OF SUBMISSION	DATE	MANAGER'S APPROVAL	DATE
	/ /		/ /

UNITED AIR LINES

REQUEST FOR MEDICAL ATTENTION

Employee <i>W. S. ...</i>	File No. <i>84016</i>	Work Area (Shop/Supervisor) <i>PLAHH</i>	Date of illness or injury <i>9/10/75</i>
<input checked="" type="checkbox"/> Occupational Illness <input type="checkbox"/> Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.		Time leaving work area _____ Time arrived at DCAMD _____ Time leaving DCAMD <i>1600</i> Time return to work area _____
Supervisor <i>R. G. ...</i>			

MEDICAL CERTIFICATION (DCAMD use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE <input type="checkbox"/> Medical Examiner's request <input type="checkbox"/> Employee's request	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input checked="" type="checkbox"/> ABLE TO PERFORM - <input type="checkbox"/> Light duties, if available, until _____ <input checked="" type="checkbox"/> Regular duties	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED

Final diagnosis <i>lightning rod & cut up</i>	<input type="checkbox"/> Sent to outside doctor
------------------------------------------------------	-------------------------------------------------

Severity of illness or injury <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	Workman's Comp. Report <input checked="" type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	Medical Examiner's Signature <i>Ralph ...</i> Date <i>11/01/75</i>
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2/20/12

UNITED AIR LINES, INC.
DCAMP ATTENDANCE IRREGULARITY REPORT

SECTION I. COMPLETE THIS SECTION AS SOON AS POSSIBLE AFTER RECEIVING INITIAL PHONE CONTACT.

EMPLOYEE'S NAME R. Clark TIME CALLED 0900 DATE: 2/20/12
PERSON TAKING CALL T. Mitchell PERSON MAKING CALL (NAME) _____
(SIGNATURE)

REASON: LATE OR OTHER SICK WOP AUTHORIZED WOP UNAUTHORIZED

REMARKS: (ESTIMATED LENGTH OF ABSENCE) 2 days. Bob is still in about both
knives and armbars. He will be going to his own doctor today. He stated
he will be off at least 2 days and will call to let us know if there
changes.

SECTION II. TO BE COMPLETED BY RESPECTIVE SUPERVISOR ON DAY EMPLOYEE RETURNS TO DUTY.

NATURE OF ILLNESS lightning strike DOCTOR'S CERTIFICATE: YES NO

TOTAL LENGTH OF ABSENCE: DAYS HOURS EXAMINED BY UAL MEDICAL: YES NO

REMARKS: _____

EMPLOYEE'S SIGNATURE (OPTIONAL) R. Clark

T. Mitchell
REVIEWING SUPERVISOR'S SIGNATURE

**STANDARD FORM FOR
EMPLOYER'S SUPPLEMENTAL
REPORT OF INJURY**

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

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

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee; or at the end of _____ days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer **United Airlines**
2. Office address: No. and St. **National Airport** City or Town **Washington** State **D.C. 20001**
3. Insured by Name of Company **The Hartford Insurance Group**
4. Name of Injured (in full) **Robert** **Clerk**
(First Name) (Middle Name) (Last Name)
5. Present address: No. and St. **15820 Cardinal Dr.** City or Town **Woodbridge** State **Va.**
6. Date of Injury **Sept. 24** 19 **75** Day of week **Wed.** Hour of day **1630** A. M. P. M.
7. Date disability began **Sept. 24** 19 **75** A. M. **X** P. M.
8. Has injured returned to work? **yes** If so, date and hour **October 1** 19 **75** A. M. **X** P. M.
9. Is injured person earning same wages as before injury? **yes** If not, explain _____
10. If disability has not terminated, state probable date of termination of disability **--**
11. Has injured died? **-----** If so, date of death _____ A. M. P. M.

Date of this report **Oct. 8, 1975** Firm name **United Airlines**

138
Signed by **B. E. Nelson** Official Title **Mgr. - Station Cons.**

OSY SFGLM NYCMZ DCAMD DCASR DCACG CPY DCAOZ
XTDA 131324 1214 524

OCCUPATIONAL INJURY TO ROBERT CLARK FNS4016. DATE OF
JURY 9-24-75 ADDITIONAL LOST TIME DAYS 5. 10-2 THRU 10-6
TURN TO FULL DUTY STATUS ON 10-9.

NOZ NELSON
0131324 6675 0287

UNITED AIR LINES

REQUEST FOR MEDICAL ATTENTION

Employee <i>61103</i>	File No. <i>84010</i>	Work Area (Shop/Supervisor)	Date of illness or injury <i>9/20/75</i>
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<input type="checkbox"/> Occupational <input type="checkbox"/> Illness <input type="checkbox"/> Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.	Time leaving work area	
		Time arrived at DCAMD	
		Time leaving DCAMD	<i>3:35</i>
		Time return to work area	

Supervisor *[Signature]*

MEDICAL CERTIFICATION (DCAMD use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input type="checkbox"/> Medical Examiner's request <input type="checkbox"/> Employee's request	
<input type="checkbox"/> ABLE TO PERFORM -	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED
<input type="checkbox"/> Light duties, if available, until _____ <input checked="" type="checkbox"/> Regular duties	

Final diagnosis <i>Leg strain strike</i>	<input type="checkbox"/> Sent to outside doctor
---------------------------------------------	-------------------------------------------------

Severity of illness or injury	Workman's Comp. Report	Medical Examiner's Signature
<input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	<i>[Signature]</i> Date <i>10/9/75</i>

UNITED AIRLINES
ACCIDENT REPORT

SEE REGULATIONS 1-12

TO: C. 100. 1001		DCAMA		ACCIDENT DATE MONTH/DAY/YEAR	ACCIDENT TIME 2 P.M.	SHIFT	STATUS	INJURY TO EMPLOYEE	41 PRELIMINARY	42 INTERIM	43 FINAL	44
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc. which do not ordinarily require medical care even when provided by a physician or registered professional personnel.		MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.		EMPLOYEE'S NAME (LAST NAME FIRST)		JOB TITLE		SOCIAL SECURITY NO.		EMPLOYEE NO.		FILE NUMBER
NOTE: MARK EITHER A OR B, NOT BOTH		<input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input checked="" type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		HOME ADDRESS (NO. AND STREET)		CITY, STATE, ZIP CODE		DATE DISABILITY BEGAN		DATE RETURNED TO WORK		OSG. CODE NO.
FINAL DIAGNOSIS		DESCRIBE WORK RESTRICTIONS, IF ANY		SCHEDULED WORK DAYS UNABLE TO WORK (OP)		RESTRICTED ACTIVITY (RP)		ESTIMATED ABSENCE TIME		ACTUAL ABSENCE TIME		OSG. CODE DATE MONTH/DAY/YEAR
ESTIMATE DURATION OF RESTRICTION/REPAIR DATE		MEDICAL ATTENDER'S SIGNATURE		DATE		TIME		10/1/78		10/1/78		10/1/78
SUPERVISOR		*A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.		AIRCRAFT		GROUND EQUIPMENT		FACILITY NAME AND NUMBER		WORK ORDER NO. ASSIGNED		10/1/78
DAMAGE TO		<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER		<input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT		ESTIMATED COST TO REPAIR (\$)		ACTUAL COST TO REPAIR (\$)		10/1/78
DESCRIPTION OF ACCIDENT (DATE, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)		TYPE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE		NAME AND ADDRESS OF WITNESSES		EXACT LOCATION OF ACCIDENT		UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT (DESCRIBE PROCEDURES VIOLATED, IF ANY)		ACTION TAKEN TO PROMOTE TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS		10/1/78

(**UNEMPLOYED WORKER LEAVES**)
REQUEST FOR MEDICAL ATTENTION

Employee <i>A. Clark</i>	File No. <i>34216</i>	Work Area (Shop/Supervisor)	Date of illness or injury <i>12/12/75</i>
-----------------------------	--------------------------	-----------------------------	----------------------------------------------

Occupational Illness Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.	Time leaving work area Time arrived at DCARD Time leaving DCARD Time return to work area <i>1570</i>
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Supervisor *A. W. [unclear]*

MEDICAL CERTIFICATION (DCARD use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input type="checkbox"/> Medical Examiner's request	
<input type="checkbox"/> Employee's request	
<input type="checkbox"/> ABLE TO PERFORM -	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED
<input type="checkbox"/> Light duties, if available, until _____	
<input checked="" type="checkbox"/> Regular duties	

Final diagnosis <i>back pain</i>	<input checked="" type="checkbox"/> Sent to outside doctor
-------------------------------------	------------------------------------------------------------

Severity of illness or injury <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	Workman's Comp. Report <input checked="" type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	Medical Examiner's Signature <i>J. P. Smith, M.D.</i> Date <i>12/12/75</i>
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STANDARD FORM FOR EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

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)	

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee; or at the end of _____ days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer **United Airlines**

2. Office address: No. and St. **National Airport** City or Town **Washington** State **D.C. 20601**

3. Insured by Name of Company **The Hartford Insurance Group**

4. Name of Injured (in full) **Robert** **Clark**
(First Name) (Middle Name) (Last Name)

5. Present address: No. and St. **15820 Cardinal Dr.** City or Town **Woodbridge** State **Va.**

6. Date of Injury **Sept. 24** 19 **75** Day of week **Wednesday** Hour of day **A. M. 1630** P. M.

Recurrence of injury.

7. Date disability began **October 2, 1975** 19 **75** A. M. **X** P. M.

Has injured returned to work? **yes** If so, date and hour **October 9** 19 **75** A. M. **X** P. M.

9. Is injured person earning same wages as before injury? **yes** If not, explain

10. If disability has not terminated, state probable date of termination of disability **--**

11. Has injured died? **---** If so, date of death A. M. P. M.

Employee is still under medical care.

Date of this report **Dec. 8, 1975** Firm name **United Airlines** 143

Signed by **B. E. Nelson** Official Title **Mgr. - Station Ops.**

DCAMF

DLCCAMMJA 250144 0513 456
PLANE NBR 7642 TSO 15418
INCIDENT NBR 900028
DELAYS? YES DELAY TIME -1:00
FLIGHT IN & DATE 430-124
PLANE NBR DISPATCHED 7642
PRI RESP ATA SYS 53

STATION DCA DATE 09:24:75

UNSCHEID LANDING? ---

CNXP --- SUBS? ---

FLIGHT OUT & DATE 299-:24

INFLIGHT STAGE -----

ENGINE INFLIGHT SHUTDOWN? ----

XXXXXXXX PRBLM & FIX. PARTS REPLACED. (INCLUDE PART NUMBRS) XXXXXXXX
ON PUSH BACK HAD LIGHTENING STRIKE. NO. 1 RADIO INOP - REPLACED
CART AUDIO CONT PANEL 531-7018 AND MINITEL AMPLIFIER 530-6259

09250146 6672 0811

SFO5Y DCASF NYCVG NYCMZ NYCSY DCAMF DCACG DCA02

DDCA00LA 251447 1835 294

MECHANIC E. CLARK WHILE DISPATCHING TRIP 299 ON 9-24-75

WAS STRUCK BY LIGHTNING KNOCKING HIM TO RAMP SURFACE.

PRELIMINARY INFO RCVD INDICATES HE SUFFERED MINOR BURNS

TO FACE AREA, ALSO IN FALLING HE RCVD A CUT TO INSIDE

OF LOWER LIP REQUIRING FIGHT STITCHES. NO THUNDER OR

LIGHTNING AT ANY TIME PRIOR TO INCIDENT. OVERCAST AND

MEDIUM RAIN. NO DAMAGE TO AIRCRAFT.

ESTIMATED LOST TIME: 2 DAYS.

DCACG-1AFFF

09251448 6650 0141

ACCIDENT REPORT
SEE REGULATIONS 7-12

(1) FOR OJ. ADD. CODE DC AMH	ACCOUNT DATE 1 MAY MONTH/DAY/YEAR	ACCIDENT TIME 2 SHIF	STATION ADD. CODE 4 P
(2) FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even though provided by a physician or registered professional personnel. MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.	(3) INJURY TO 1A EMPLOYEE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> FINAL EMPLOYEE'S NAME (LAST NAME FIRST) <i>CLARK, ROBERT</i>	JOB TITLE SECTION, DIVISION, ETC. 6	STAT. OR OJ. CODE NO. JOB NUMBER JOB CODE NO. DDC. CODE NO. BIRTH DATE
(4) NOTE: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input checked="" type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION	FINAL DISPOSITION <i>Resting for 4 days</i> DATE DISABILITY BEGAN DATE RETURNED TO WORK JOB SENIORITY DATE MONTH/DAY/YEAR	SCHEDULED WORK OR IS UNABLE TO WORK UP <input type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME DAYS	COL. SEN. ORITY DATE MONTH/DAY/YEAR
(5) SUPERVISOR:	*A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.		MEDICAL ATTENDING PHYSICIAN <i>J. P. Smith MD</i> DATE <i>10/7/78</i>
(6) DAMAGE TO	42 AIRCRAFT 43 GROUND EQUIPMENT 44 FACILITIES	OTHER 45 FIRE 46 FLAMMABLE LIQUID SPILL 47 POTENTIAL ACCIDENT	WORK ORDER NO. ASSIGNED
(7) COST TO REPAIR (LIST EACH UNIT SEPARATELY)	32E ESTIMATED 33E ACTUAL	NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE	
(8) DESCRIPTION OF ACCIDENT (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)			
(9) NAMES AND ADDRESSES OF WITNESSES	EXACT LOCATION OF ACCIDENT		
(10) WHAT UNSAFE CONDITION AND OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.			
(11) WHAT ACTION WAS TAKEN OR PROMISED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?			
(12) SIGNATURE OF SUPERVISOR	DATE / /	MANAGER'S APPROVAL	DATE / /

(UNITED AIR LINES)

REQUEST FOR MEDICAL ATTENTION

Employee <i>French</i>	File No. <i>84116</i>	Work Area (Shop/Supervisor)	Date of illness or injury <i>1/24/75</i>
<input type="checkbox"/> Occupational <input type="checkbox"/> Illness <input type="checkbox"/> Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.		Time leaving work area _____ Time arrived at DCAMP _____ Time leaving DCAMP _____ Time return to work area <i>3:30</i>
Supervisor <i>[Signature]</i>			

MEDICAL CERTIFICATION (DCAMP use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE <input type="checkbox"/> Medical Examiner's request <input type="checkbox"/> Employee's request	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input checked="" type="checkbox"/> ABLE TO PERFORM - <input type="checkbox"/> Light duties, if available, until _____ <input checked="" type="checkbox"/> Regular duties	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED

Final diagnosis <i>Leg strain knee</i>	<input type="checkbox"/> Sent to outside doctor
-------------------------------------------	-------------------------------------------------

Severity of illness or injury <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	Workman's Corp. Report <input type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	Medical Examiner's Signature <i>[Signature]</i> Date <i>1/28/75</i>
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2/20/72

UNITED AIR LINES, INC.
DCAWF ATTENDANCE IRREGULARITY REPORT

SECTION I. COMPLETE THIS SECTION AS SOON AS POSSIBLE AFTER RECEIVING INITIAL PHONE CONTACT.

EMPLOYEE'S NAME A. Clark TIME CALLED 0900 DATE 2/25/72

PERSON TAKING CALL T. Mitchell PERSON MAKING CALL (NAME) _____
(SIGNATURE)

REASON: LATE OR OTHER SICK WOP AUTHORIZED WOP UNAUTHORIZED

REMARKS: (ESTIMATED LENGTH OF ABSENCE) 2 days. Bob is still sore about both knees and ankles. He will be going to his own doctor today. He stated he will be off at least 2 days and will call & let us know if there changes.

SECTION II. TO BE COMPLETED BY RESPECTIVE SUPERVISOR ON DAY EMPLOYEE RETURNS TO DUTY.

NATURE OF ILLNESS Flighting strike DOCTOR'S CERTIFICATE: YES NO

TOTAL LENGTH OF ABSENCE: DAYS HOURS EXAMINED BY UAL MEDICAL: YES NO

REMARKS: _____

EMPLOYEE'S SIGNATURE (OPTIONAL) _____

REVIEWING SUPERVISOR'S SIGNATURE

DTM SFOLM N-ONE DCAMB DCASR DCAOB CRY DCAOZ
DXTA 131324 1214 524

RE OCCUPATIONAL INJURY TO ROBERT CLARK FN84016 DATE OF
INJURY 9-24-75 ADDITIONAL LOST TIME DAYS 5. 10-2 THRU 10-6
RETURN TO FULL DUTY STATUS ON 10-9.

DCAOZ NELSON
#10131324 6875 0287

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

UNITED AIRLINES ACCIDENT REPORT SEE REGULATIONS 5-12		ACCIDENT DATE 1 1971 MONTH DAY YEAR		ACCIDENT TIME 2 05 P HOURS		REPORTING A.I.C. CODE 4 P/E	
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care except as provided by a physician or registered professional personnel.		EMPLOYEE TO 41 EMPLOYEE 42 EMPLOYEE 43 EMPLOYEE 44 EMPLOYEE 45 EMPLOYEE 46 EMPLOYEE 47		EMPLOYEE 48 EMPLOYEE 49 EMPLOYEE 50 EMPLOYEE 51 EMPLOYEE 52 EMPLOYEE 53 EMPLOYEE 54 EMPLOYEE 55 EMPLOYEE 56 EMPLOYEE 57 EMPLOYEE 58 EMPLOYEE 59 EMPLOYEE 60		REPORTING OFFICE NO. 5 P/E	
MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.		EMPLOYEE'S NAME (LAST, FIRST, MIDDLE) <i>Robert Robert</i>		EMPLOYEE'S TITLE		EMPLOYEE'S GRADE	
NOTE: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		HOME ADDRESS (IN FULL) CITY, STATE, ZIP CODE		EMPLOYEE NO.		DATE	
FINAL DIAGNOSIS <i>eye irritation, lightning shock</i>		DATE DISABILITY BEGAN		DATE RETURNED TO WORK		JOB SENIORITY DATE (MONTH/DAY/YEAR)	
DESCRIBE WORK RESTRICTIONS, IF ANY <i>none</i>		SCHEDULED WORK DAYS UNABLE TO WORK (MONTH/DAY/YEAR) 41P <input type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME		DAYS		CC SENIORITY DATE (MONTH/DAY/YEAR) 15P	
ESTIMATED DURATION OF RESTRICTION/RE-EXAM DATE		SIGNATURE OF PHYSICIAN <i>Robert Robert</i>		DATE <i>10/1/71</i>		DO NOT WRITE IN THIS SHADDED AREA	
SUPERVISOR: *A If this is checked above, no further paper work required. Except Workmen's Compensation forms provided employee was attended by outside physician.		*B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.				14 P/E	
DAMAGE TO 42 TO <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER 45 <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT				15 P/E	
AIRCRAFT NUMBER 33E TYPE 34E MAKE 35E MODEL 36E		FACILITY NAME AND NUMBER 37E		WORK ORDER NO. ASSIGNED		16 P/E	
COST TO REPAIR \$ EST. EACH UNIT SEPARATELY <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL						17 P/E	
NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE 20 P/E							
DESCRIPTION OF ACCIDENT (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED) 21 P/E							
22 P/E							
23 P/E							
24 P/E							
25 P/E							
26 P/E							
NAMES AND ADDRESSES OF WITNESSES		EXACT LOCATION OF ACCIDENT					
27 P/E							
28 P/E							
29 P/E							
30 P/E							
31 P/E							
32 P/E							
33 P/E							
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60 P/E							

UNITED AIR LINES

REQUEST FOR MEDICAL ATTENTION

Employee <i>[Handwritten Name]</i>	File No. <i>[Handwritten]</i>	Work Area (Shop/Supervisor) <i>[Handwritten]</i>	Date of illness or injury <i>10/1/75</i>
---------------------------------------	----------------------------------	-----------------------------------------------------	---------------------------------------------

<input type="checkbox"/> Occupational <input type="checkbox"/> Illness <input type="checkbox"/> Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.	Time leaving work area	
		Time arrived at DCAMD	
		Time leaving DCAMD	<i>1600</i>
		Time return to work area	

Supervisor *[Handwritten Signature]*

MEDICAL CERTIFICATION (DCAMD use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input type="checkbox"/> Medical Examiner's request <input type="checkbox"/> Employee's request	
<input checked="" type="checkbox"/> ABLE TO PERFORM -	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED
<input type="checkbox"/> Light duties, if available, until _____ <input checked="" type="checkbox"/> Regular duties	

Final diagnosis <i>lightning rod + cut up</i>	<input type="checkbox"/> Sent to outside doctor
--------------------------------------------------	-------------------------------------------------

Severity of illness or injury <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	Workman's Comp. Report <input checked="" type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	Medical Examiner's Signature <i>[Handwritten Signature]</i> Date <i>11 Oct 75</i>
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Prepare only one copy
62-31-025
DCAM

WASTED AND LOST

REQUEST FOR MEDICAL ATTENTION

Employee <i>[Handwritten Name]</i>	File No. <i>[Handwritten]</i>	Work Area (Shop/Supervisor)	Date of illness or injury <i>12/17/75</i>
---------------------------------------	----------------------------------	-----------------------------	----------------------------------------------

<input type="checkbox"/> Occupational Illness <input type="checkbox"/> Undetermined	EMPLOYEE: Return this form to supervisor prior to resuming work assignment.	Time leaving work area	
		Time arrived at DCAM	
		Time leaving DCAM	
		Time return to work area	<i>1500</i>

Supervisor *[Handwritten Signature]*

MEDICAL CERTIFICATION (DCAM use only)

<input type="checkbox"/> UNABLE TO WORK UNTIL FURTHER NOTICE <input type="checkbox"/> Medical Examiner's request <input type="checkbox"/> Employee's request	<input type="checkbox"/> FOLLOW-UP TREATMENT FOR PREVIOUS INJURY OR ILLNESS
<input type="checkbox"/> ABLE TO PERFORM - <input type="checkbox"/> Light duties, if available, until _____ <input checked="" type="checkbox"/> Regular duties	<input type="checkbox"/> SAFETY OFFICE FOLLOW-UP RECOMMENDED

Final diagnosis <i>[Handwritten]</i>	<input checked="" type="checkbox"/> Sent to outside doctor
-----------------------------------------	------------------------------------------------------------

Severity of illness or injury <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe	Workman's Comp. Report <input checked="" type="checkbox"/> Prepare <input type="checkbox"/> Do not prepare	Medical Examiner's Signature <i>[Handwritten Signature]</i> Date <i>12/12/75</i>
-----------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

Fairfax Office
2000 Loudoun Park
P.O. Box 1009
Alexandria, Virginia 22302
Telephone (703) 579-5540

January 8, 1979


THE HARTFORD

Mr. Robert Clark
15820 Cardinal Dr.
Woodbridge, VA 22191

Re: Our File NO: 298 C 76593
Insured: United Airlines
Claimant: Robert Clark
Date of Accident: 9/24/75

Dear Mr. Clark:

We are enclosing an attending physician's report which we received from Dr. Dell L. Anton and his bill in the amount of \$80.00 for treatment rendered on December 28, 1978. Please be advised that you had two years from the date of accident to submit any additional claim for medical treatment and since the Statute expired on December 24, 1977 we will be unable to honor this bill. We would suggest that you turn this over to your group hospitalization carrier for payment.

Should you have any questions in reference to this matter, please do not hesitate to contact the undersigned.

Very truly yours,

Margaret Hale
Claim Supervisor

MH/sp

cc: United Airlines
cc: Dr. Adell L. Anton

Enclosures

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

TO: CO. APR. 1972		ACCIDENT DATE MONTH/DAY/YEAR 9/24/75	1 P.M. ACCIDENT TIME	2 P.M. 1430	SHIP	FILE NO. 1000000000	4 P.M. 1000000000
FIRST AID TREATMENT is one-time treatment and subsequent observation of minor scratches, cuts, burns, soisters, etc. which do not ordinarily require medical care as shown on form provided by a physician or registered professional nurse.		INJURY TO EMPLOYEE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> FINAL		STATION/LOCATION		9086	
MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.		EMPLOYEE'S NAME (LAST NAME FIRST)		LAST NAME		FILE NUMBER	
NOTES: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> B OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		EMPLOYEE'S NAME (LAST NAME FIRST)		JOB TITLE		SOCIAL SECURITY NO.	
FINAL DIAGNOSIS		HOME ADDRESS (NO. AND STREET)		CITY, STATE, ZIP CODE		ORG. CODE NO.	
DESCRIBE WORK RESTRICTIONS, IF ANY		DATE DISABILITY BEGAN		DATE RETURNED TO WORK		JOB SENIORITY DATE (MONTH/DAY/YEAR)	
ESTIMATE DURATION OF RESTRICTION/RE-EXAM DATE		SCHEDULED WORK DAYS UNABLE TO WORK (30P)		RESTRICTED ACTIVITY (41P)		CC. SENIORITY DATE (MONTH/DAY/YEAR)	
SUPERVISOR:		MEDICAL EXAMINER'S SIGNATURE		DATE		DO NOT WRITE IN THIS SHADDED AREA	
*A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician.		*B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.					
DAMAGE TO		OTHER		FLAMMABLE LIQUID SPILL		POTENTIAL ACCIDENT	
AIRCRAFT		GROUND EQUIPMENT		FACILITY NAME AND NUMBER		WORK ORDER NO. ASSIGNED	
EST TO REPAIR (SEPARATELY)		ESTIMATED		ACTUAL			
NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE							
RECURRING REPORT							
DESCRIPTION OF ACCIDENT (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)							
BENTON CONTINUES TO HAVE ADDRESS ON HIS RT. SIDE FROM THE LOWER BACK TO THE BOTTOM OF HIS RT. FOOT AS A RESULT OF THE LIFTING TRUCK WHICH OCCURRED ON 9/24/75.							
NAMES AND ADDRESSES OF WITNESSES				EXACT LOCATION OF ACCIDENT			
IF UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.							
IF ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?							
NATURE OF SUPERVISOR		DATE		MANAGER'S APPROVAL		DATE	
L. H. [Signature]		1/20/74				1/1	

STANDARD FORM FOR

Employer's First Report of Injury or Illness

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

Complete and send immediately to CLAIM DEPARTMENT

Hartford Accident and Indemnity Company

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

STREET CITY STATE POLICY PERIOD AGENT'S CODE: AGENT'S NAME:

1. Name of Employer: **United Airlines** LARS Loc. Code
 2. Office address: No. and St. **Washington Nat'l Airport** City or Town **Washington** State **D. C.** 20001
 3. Insured by **Hartford Accident and Indemnity Company, Hartford, Connecticut.**
 4. Give nature of business (or article manufactured): **airline carrier**

5. (a) Location of plant or place of accident or exposure to illness: **Washington, D. C.**
 (b) If in a mine, did accident or exposure occur on surface, underground, shaft, drift or mill
 6. Date of Injury or Exposure: **Sept. 24 1975** Day of week **Wed.** Hour of day **10:30 P.M.**
 7. Date disability began: **Sept. 24 1975** A.M. P.M. Was injured paid in full for 12 mos. **yes**
 8. When did you or someone first know of injury or exposure: **Immediately**
 9. Name of foreman: **J. Davis**

11. Name of Injured: **Robert Clark** 703-221-2227 191-12-7665
 (First Name) (Middle Initial) (Last Name) (Phone No.) (Social Security No.)
 12. Address: No. and St. **15220 Cardinal Drive** City or Town **Woodbridge** State **Va.** 22191
 13. Check (X) Married Single Widowed Widower Divorced Male Female
 14. How many children under 18 years of age: **---**
 15. Age **55** Did you have on file employment certificate or permit **yes**
 16. (a) Occupation when injured **Line Mechanic** (b) Was this his or her regular occupation **yes**
 If not, state in what department or branch of work regularly employed: **---**
 17. (a) How long employed by you **27 yrs.** (b) Piece or time worker **no** (c) Wages per hour **\$ 11.06**
 18. (a) No. hours worked per day **8** (b) Wages per day **\$ 88.32**
 (c) No. days worked per week **5** (d) Average weekly earnings **\$ 441.60**
 (e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated value per day, week or month: **---**

19. Machine, tool or thing causing injury: **---** 20. Kind of power (hand, foot, electrical, steam, etc.): **---**
 21. Part of machine on which accident occurred: **---**
 22. (a) Was safety appliance or regulation provided: **---** (b) Was it in use at time: **---**
 23. Was accident or illness caused by injured's failure to use or observe safety appliance or regulation? **no**
 24. Describe fully how accident or illness occurred, and state what employee was doing when injured: **THIS IS A RECURRING INJURY. EMPLOYEE CONTINUES TO HAVE PAIN IN HIS RT. SIDE FROM THE LOWER BACK TO THE BOTTOM OF HIS RT. FOOT AS A RESULT OF BEING KICKED BY GROUND JIB AIRCRAFT WAS STRUCK BY LIGHTNING ON SEPT. 24, 1975.**
 25. Names and addresses of witnesses: **Don Hookin - UAL**
Jack Kearney - JAL

26. Nature and location of injury (describe fully exact location of amputation or fractures, right or left): **Minor lacerations around area and bottom of feet; also cut on inside of lower lip requiring eight stitches**
 27. Probable length of disability: **---** 28. Has injured returned to work: **---**
 If so, date and hour: **---** At what wage: **---**
 29. At what occupation: **EMPLOYEE HAS LOST TIME BECAUSE OF THIS INJURY ON THE FOLLOWING DATES: JUNE 12, and 20 -- OCTOBER 8, 9, 10, 11, and 12, 1975.**
 30. (a) Name and address of physician: **---**
 (b) Name and address of hospital: **---**

31. Has injured died: **---** **154** If so, give time of death: **---**

Date of this report: **January 24, 1976** Firm name: **United Airlines**
 Signed by: **V. J. Taffer** District: **Dist. Sves. Agr.**

February 1, 1979

Mr. Robert Clark
15820 Cardinal Drive
Woodbridge, Virginia

Re: Our File No.: 298 C 76593
Insured: United Airlines
Claimant: Robert Clark
Date of Accident: 9/24/75

Dear Mr. Clark:

We are in receipt of a medical report from Dr. Stephen M. Levin covering your examination on January 22, 1979.

Please be advised that the statute with respect to the above captioned accident and injury expired on September 24, 1977 and therefore, we will be unable to honor any treatment that you are undergoing at this time for injuries sustained in that accident and therefore, suggest that you turn this matter over to your group hospitalization care.

Should you have any questions in reference to this matter, please do not hesitate to contact the undersigned.

Very truly yours,

Margaret A. Hale
Claims Supervisor

MAH/eb

cc: Dr. Stephen M. Levin
United Airlines/Ramp Service Operations

JAN 18 1980

SUBPOENA DUCES TECUM ^{DUAPE}
FOR THE PRODUCTION OF RECORDS

Re: Claim No. 611-772
Robert Clark v. United Airlines [U.A.L., Inc.]

COMMONWEALTH OF VIRGINIA,
INDUSTRIAL COMMISSION OF VIRGINIA

To the SHERIFF of the COUNTY OF ARLINGTON:

WE COMMAND that you summon United Airlines [U.A.L., Inc.], c/o Washington
National Airport, Washington, D. C., Attention: Director of Personnel

to lodge with
~~at the~~ the Industrial Commission of Virginia, at the office of its Secretary,
Room 304 - Blanton Building, Governor & Bank Streets, Richmond,
Virginia 23219 [Post Office Box 1794, Richmond, Virginia 23214].....

or before
on the 21st day of January, 1980

~~to produce~~ photocopies of
~~the certain writings described, to-wit:~~

...any and all medical and other records
(for treatment rendered by the doctors at
National Airport) pertaining to the injuries
sustained in the industrial accident, as well
as leave records, personnel files and any other
records concerning the claimant, ROBERT CLARK.

on behalf of the claimant in a matter now pending and undetermined
wherein _____

Robert Clark is the claimant, and United Airlines [U.A.L., Inc.]
.....defendants.

And have then there this writ and make known how you have executed the same.

WITNESS, Mary W. Ragland, Secretary of said Commission, this the 3rd day of
January, 1980.

MARY W. RAGLAND, Secretary

Mary W. Ragland

Lawrence J. Pascal, Esq.
4660 Kenmore Avenue, Suite 220
Alexandria, Virginia 22304
Counsel for claimant.

WICKOLS, JR., COMMISSIONER
 CRENSHAW, COMMISSIONER
 E. EVANS, COMMISSIONER
 W. F. BURSEY, SECRETARY

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF WORKMEN'S COMPENSATION
 INDUSTRIAL COMMISSION OF VIRGINIA
 RICHMOND

Claim No. _____

Case of _____

ATTENDING PHYSICIAN'S REPORT

All questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill out blank in ink using pen or typewriter, and mail promptly to the Commission at its Richmond office.

The Patient
 1. Name of Injured Person: ROBERT CLARK Age: 52 Sex: Male
 2. Address: No. and St. 15820 Cardinal Drive City or Town Woodbridge State Va.
 3. Name and Address of Employer: United Airlines - National Airport - Washington DC

The Accident
 4. Date of Accident 5/24/75 Hour 1630 M. Date disability began 5/24/75
 5. State in patient's own words where and how accident occurred: Struck by lightning while dispatching trip.

6. Give accurate description of nature and extent of injury and state your objective findings: Lip laceration, lightning shock.

The Injury
 7. Will the injury result in (a) Permanent defect? NO If so, what? _____
 (b) Facial or head disfigurement? NO
(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? Yes 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? NO Give particulars: _____
 10. Has patient any physical impairment due to previous accident or disease? NO Give particulars: _____

11. Has normal recovery been delayed for any reason? NO Give particulars: _____

12. Date of your first treatment: 10/1/75 Who engaged your services? UAL
 13. Describe treatment given by you: Examination, Sutures removed (6)

14. Were X-Rays taken? NO By whom? _____ When? _____
(Name and Address)

Treatment
 15. X-Ray diagnosis: _____
 16. Was patient treated by anyone else? Yes By whom? Flex. Hosp. ER When? 5/26/75
(Name and Address)

17. Was patient hospitalized? NO Name and address of hospital: _____
 18. Date of admission to hospital: _____ Date of discharge: _____
 19. Is further treatment needed? NO For how long? _____

Disability
 20. Patient was able to resume regular work on: 10/1/75
 21. Patient was 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 Washington DC
 I was graduated from University of Penna Medical School in Phila Year 1965
 I certify that I personally examined and treated the above named patient: Robert Clark
 (Signed) R. G. Fennell, M. D.
 Address National Airport - Washington & DC Telephone 82-7471
 Date of this report 10/8/75 (This report must be signed personally by physician)

M. E. NUCKOLS, JR., COMMISSIONER
 J. G. CRENSHAW, COMMISSIONER
 M. E. EVANS, COMMISSIONER
 W. F. BURSEY, SECRETARY

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF WORKMEN'S COMPENSATION
 INDUSTRIAL COMMISSION OF VIRGINIA
 RICHMOND

Claim No. _____

Case of _____

ATTENDING PHYSICIAN'S REPORT

All questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill out blank in ink using pen or typewriter, and mail promptly to the Commission at its Richmond office.

The Patient	1. Name of Injured Person: <u>ROBERT CLARK</u> Age: _____ Sex: <u>Male</u>
	2. Address: No. and St. _____ City or Town _____ State _____
	3. Name and Address of Employer: <u>United Air Lines, National Airport, Washington, D.C.</u>

The Accident	4. Date of Accident <u>6/21/68</u> Hour <u>7:30 A.M.</u> Date disability began <u>XM 6/21/68</u>
	5. State in patient's own words where and how accident occurred: <u>While walking across the ramp my left knee twisted and it is now quite painful.</u>

The Injury	6. Give accurate description of nature and extent of injury and state your objective findings: <u>Traumatic bursitis, left knee.</u>
	7. Will the injury result in (a) Permanent defect? <u>No</u> If so, what? _____ (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: _____
	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	12. Date of your first treatment: <u>6/21/68</u> Who engaged your services? <u>United Air Lines</u>
	13. Describe treatment given by you: <u>Examination, Ace Bandages, Sigmagen, Warm Epsom Salt Soaks,</u>
	14. Were X-Rays taken? <u>Yes</u> By whom? <u>United Air Lines, Wash. DC</u> When? <u>6/21/68</u> <small>(Name and Address)</small>
	15. X-Ray diagnosis: <u>Negative</u>
	16. Was patient treated by anyone else? <u>No</u> By whom? _____ When? _____ <small>(Name and Address)</small>
	17. Was patient hospitalized? <u>No</u> Name and address of hospital: _____
18. Date of admission to hospital: _____ Date of discharge: _____	
19. Is further treatment needed? <u>No</u> For how long? _____	

Disability	20. Patient was ^{was} able to resume regular work on: <u>7/11/68</u>
	21. Patient was ^{was} able to resume light work on: <u>6/25/68</u>
	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 Washington, D.C.
 I was graduated from Georgetown University Medical School in Washington, DC Year 1955
 I certify that I personally examined and treated the above named patient: ROBERT CLARK
 (Signed) _____
 Address National Airport, Washington, D.C. Telephone 737-6830 x326
 Date of this report 7/16/68 (This report must be signed personally by physician)

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

STATION CODE SR DCAOZ DCAGG Exp. File		ACCIDENT DATE 1 P/E MONTH/DAY/YEAR 9/24/75		ACCIDENT TIME 2 P/E 1630		STATION ACD. CODE 4 P/E Aft.		STATION CODE NO. 5 P/E DCAMA	
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc. so forth which do not ordinarily require medical care even though provided by a physician or registered professional nurse.		INJURY TO EMPLOYEE <input checked="" type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL		EMPLOYEE'S NAME (LAST NAME FIRST)		JOB TITLE		FILE NUMBER	
MEDICAL TREATMENT is administered by a physician or by a registered professional personnel under the standing orders of a physician.		Clark, Robert		Line Mechanic		84016		8	
TYPE: MARK EITHER A OR B, NOT BOTH A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY B INJURIES REQUIRED MEDICAL TREATMENT B OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION		HOME ADDRESS (NO. AND STREET) 15820 Cardinal Drive		CITY, STATE, ZIP CODE Woodbridge, Virginia 22191		SOCIAL SECURITY NO. 191-12-7885		BIRTHDATE 5/20/23	
DATE OF DIAGNOSIS		DATE DISABILITY BEGAN 9/24/75		DATE RETURNED TO WORK		JOB SENIORITY DATE 1/3/52		JOB CODE NO. 6026	
WRITE WORK RESTRICTIONS, IF ANY.		SCHEDULED WORK DAYS UNABLE TO WORK <input checked="" type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME		RESTRICTED ACTIVITY 4 1 P 4 DAYS		CO. SENIORITY DATE 1/3/52		ORG. CODE NO. 9082	
ESTIMATE DURATION OF RESTRICTION/RE-EXAM DATE		MEDICAL EXAMINER'S SIGNATURE		DATE		DO NOT WRITE IN THIS SHADED AREA		14 P/E	
VISOR: A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.		AGE 42 <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER 45 <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT		15 P/E		16 P/E	
AIRCRAFT 33E TYPE 2 B727		GROUND EQUIPMENT 34E MAKE 35E MODEL		FACILITY NAME AND NUMBER 37E		WORK ORDER NO. ASSIGNED		17 P/E	
TO REPAIR EACH UNIT (DAILY) <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL		38E		39E		S		18 P/E	
FIRE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE		Mechanic R. Clark sustained minor burns about the tops and bottoms of feet when struck by lightning while dispatching trip 299/24. Also while falling he received a cut to inside of lower lip requiring eight stitches.							
DESCRIPTION OF ACCIDENT (WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)		On pushback of trip 299/24, PM 7642, just prior to taxiing at vehicular lane for disconnect, there was a lightning strike on the aircraft. When the lightning exited thru the nose landing gear it hit mechanic R. Clark who was wearing the communications headset and walking along right side of nose area knocking him to the ramp surface. Mechanic K. Stuart who was walking the left wing tip and approx. 10 ft. from aircraft was also knocked down and experienced some numbness in his right leg. The weather was overcast with medium rain, with no thunder or lightning prior to incident. None observed afterward. No damage to aircraft. #1 radio was inoperative. Replaced captain's audio panel and minitel amplifier.							
NAMES AND ADDRESSES OF WITNESSES		EXACT LOCATION OF ACCIDENT							
John Hoskin - DCAMA Mark Kearney - DCAMA		Vehicular lane just out from gate 26 area, Washington National Airport.							
UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.		procedural violation. However, there was an apparent electrical storm in the area but not in the immediate vicinity. No thunder or lightning all day prior to incident.							
ACTIONS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?		plan to change procedure to have tractor driver communicate with aircraft on all check-outs at all times. Briefed all employees of incident. Made local incident station.							
NATURE OF SUPERVISOR J. Davis		DATE 9 / 24 / 75		MANAGER'S APPROVAL W. J. Bafer		DATE 9 / 29 / 75		30 P/E	

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

ADD. CODE DCM ACCIDENT DATE 1 P/E MONTH/DAY/YEAR ACCIDENT TIME 2 P/E SHIFT STATION ADD. CODE 3 P/E STATION CODE NO. 5 P/E

FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even though provided by a physician or registered professional personnel.

INJURY TO EMPLOYEE 48 PRELIMINARY 49 INTERIM 50 FINAL FILE NUMBER 7 P

MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.

EMPLOYEE'S NAME (LAST NAME FIRST) 6 P SEA SOCIAL SECURITY NO. 8 P JOB CODE NO. 9 P

NOTE: MARK EITHER A OR B, NOT BOTH
 *A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY
 *B INJURIES REQUIRED MEDICAL TREATMENT
 *B OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION

JOB TITLE HOME ADDRESS (NO. AND STREET) ORG. CODE NO. 10 P/E

FINAL DIAGNOSIS
cup secretion, lightning shock

CITY, STATE, ZIP CODE BIRTHDATE 11 P

DESCRIBE WORK RESTRICTIONS, IF ANY
none

DATE DISABILITY BEGAN DATE RETURNED TO WORK JOB SENIORITY DATE MONTH/DAY/YEAR 12 P

ESTIMATE DURATION OF RESTRICTION/RE-EXAM DATE

SCHEDULED WORK DAYS UNABLE TO WORK 10 P RESTRICTED ACTIVITY 4 1 P CO. SENIORITY DATE MONTH/DAY/YEAR 13 P

ESTIMATED ABSENCE TIME ACTUAL ABSENCE TIME DAYS DAYS

MEDICAL EXAMINER'S SIGNATURE DATE 10/1/75 DO NOT WRITE IN THIS SHADED AREA

SUPERVISOR: *A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. 14 P/E
 *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations. 15 P/E

DAMAGE 42 TO AIRCRAFT 43 GROUND EQUIPMENT 44 FACILITIES OTHER 45 FIRE 46 FLAMMABLE LIQUID SPILL 47 POTENTIAL ACCIDENT 16 P/E

AIRCRAFT 33E TYPE 34E MAKE 35E MODEL 36E FACILITY NAME AND NUMBER 37E WORK ORDER NO. ASSIGNED 17 P/E

LOST TO REPAIR 38E ESTIMATED 39E ACTUAL \$ 19 P/E

NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE 20 P/E

DESCRIPTION OF ACCIDENT (WHAT, WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED) 21 P/E

22 P/E

23 P/E

24 P/E

25 P/E

26 P/E

NAMES AND ADDRESSES OF WITNESSES EXACT LOCATION OF ACCIDENT 27 P/E

28 P/E

WHAT UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY. 29 P/E

30 P/E

WHAT ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS? 31 P/E

32 P/E

SIGNATURE OF SUPERVISOR DATE / / MANAGER'S APPROVAL DATE / /

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

CODE	ACCIDENT DATE 1 P/E MONTH/DAY/YEAR	ACCIDENT TIME 2 P/E	3P	STATION AGY. CODE 4 P/E	
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even though provided by a physician or registered professional personnel.	① INJURY TO EMPLOYEE 48 <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL 50			STATION CODE NO. 5 P/E	
	EMPLOYEE'S NAME (LAST NAME FIRST)		6P SEX	FILE NUMBER 7P	
MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.	JOB TITLE	SOCIAL SECURITY NO.		8P JOB CODE NO. 9P	
	HOME ADDRESS (NO. AND STREET)			ORG. CODE NO. 10 P/E	
NOTE: MARK EITHER A OR B, NOT BOTH <input type="checkbox"/> A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY <input checked="" type="checkbox"/> B INJURIES REQUIRED MEDICAL TREATMENT <input type="checkbox"/> C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION	CITY, STATE, ZIP CODE			BIRTHDATE 11P	
	DATE DIAGNOSIS	DATE DISABILITY BEGAN	DATE RETURNED TO WORK	JOB SENIORITY DATE MONTH/DAY/YEAR 12P	
DESCRIBE WORK RESTRICTIONS, IF ANY	SCHEDULED WORK DAYS UNABLE TO WORK 40P		RESTRICTED ACTIVITY 41P	CO. SENIORITY DATE MONTH/DAY/YEAR 13P	
	<input type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME DAYS		<input type="checkbox"/> ESTIMATED ABSENCE TIME DAYS <input type="checkbox"/> ACTUAL ABSENCE TIME DAYS		
ESTIMATE DURATION OF RESTRICTION/RE-EXAM, DATE	MEDICAL EXAMINER'S SIGNATURE		DATE	DO NOT WRITE IN THIS SHADED AREA	
REVISOR:	*A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. *B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.				
DAMAGE 42 <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES		OTHER 45 <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT			14 P/E
AIRCRAFT 33F TYPE 34E MAKE 35E MODEL 36E		FACILITY NAME AND NUMBER 37E		WORK ORDER NO. ASSIGNED	15P/E
TO REPAIR EACH UNIT SEPARATELY: <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL \$					16P/E
NATURE AND EXTENT OF INJURY DESCRIPTION OF DAMAGE					17P/E
DESCRIPTION OF ACCIDENT (DATE, TIME, WHERE, WHEN, HOW ACCIDENT HAPPENED)					18P/E
					19P/E
					20P/E
					21P/E
					22P/E
					23P/E
					24P/E
					25P/E
					26P/E
NAME AND ADDRESS OF WITNESSES		EXACT LOCATION OF ACCIDENT			27P/E
					28P/E
WAS SAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.					29P/E
					30P/E
ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?					31P/E
					32P/E

NATURE OF SUPERVISOR	DATE / /	MANAGER'S APPROVAL	DATE / /
----------------------	----------	--------------------	----------

ELECTROCARDIOGRAPH RECORD

SEX

AGE

DATE

PHYSICAL

HT

WT

BLOOD PRESSURE

YEARS

NO.

OTHER

REMARKS

56-1

56
1945
1946
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2022
2023
2024
2025

56 yrs angiosclerosis

MI - Sept 1945
prob 1945

H.L.

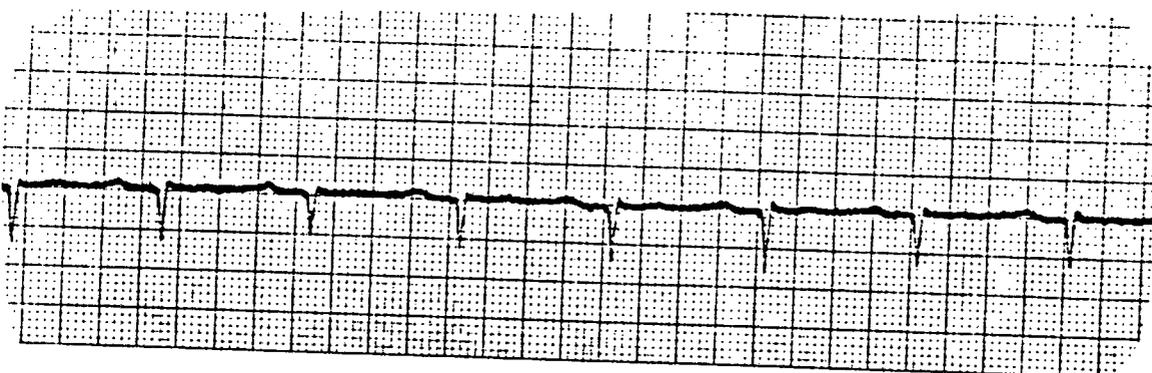
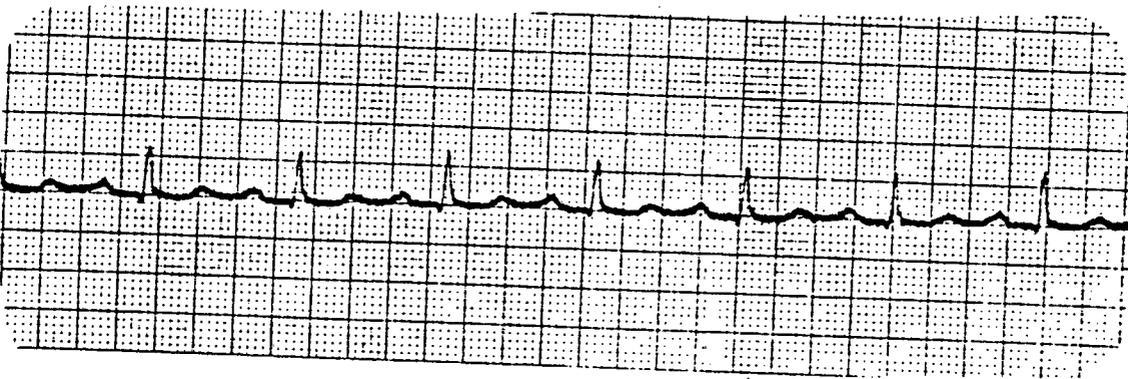
6 SEC

LEAD 1



6 SEC

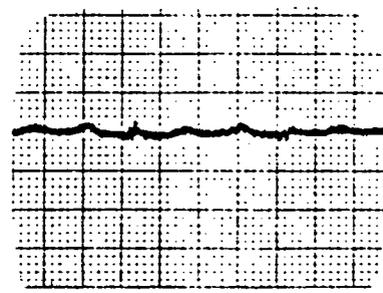
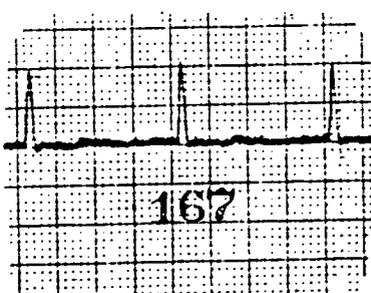
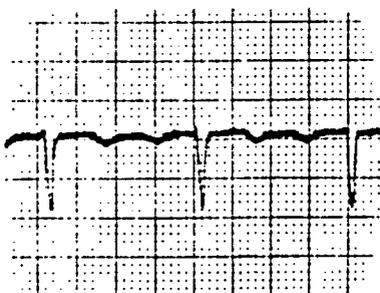
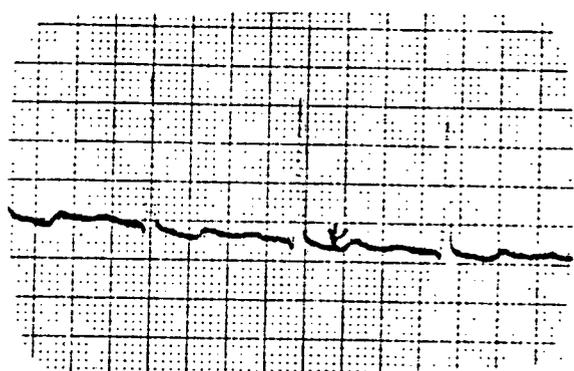
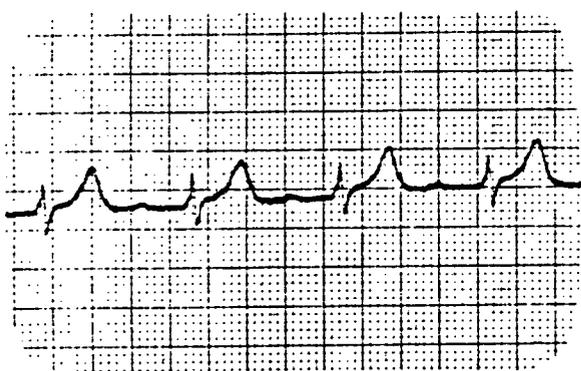
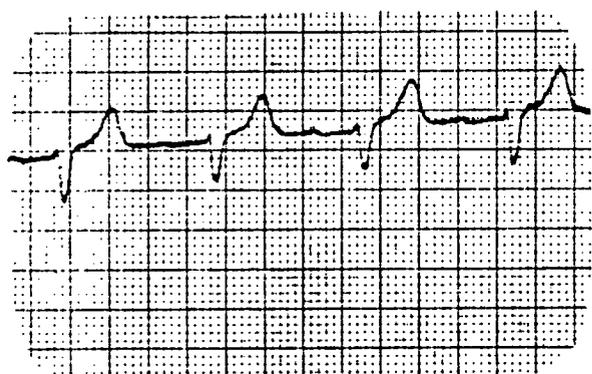
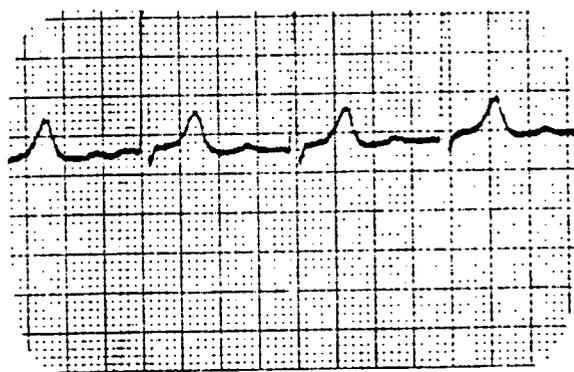
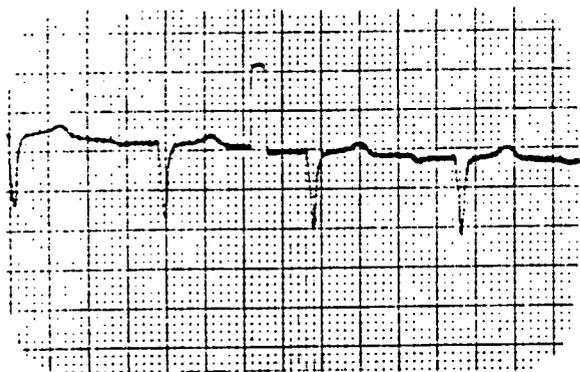
LEAD 2



Rel. Low T waves

166

PM 3/12



ELECTROCARDIOGRAPH RECORD

PATIENT George H. Hunt
AGE _____
SER. NO. _____

SEX male
CASE NO. _____

DATE 12-2-75
DOCTOR _____
M.D.

PATIENT _____ CASE NO. _____ DATE _____

ADDRESS _____ PHONE NO. _____

AGE _____ SEX _____ HT. _____ WT. _____

OCCUPATION _____ BLOOD PRESSURE _____

PREVIOUS ECG. YES NO OTHER _____

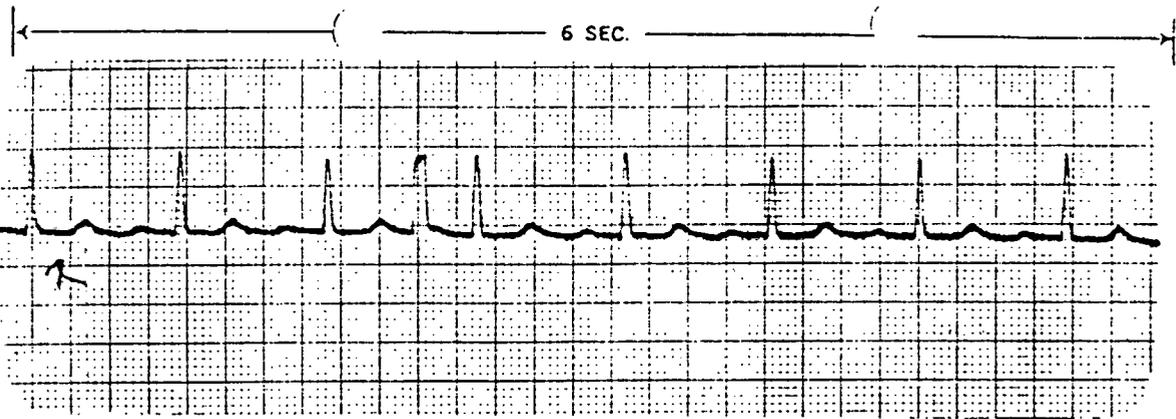
DIGITALIS QUINIDINE

DOCTOR(S) _____

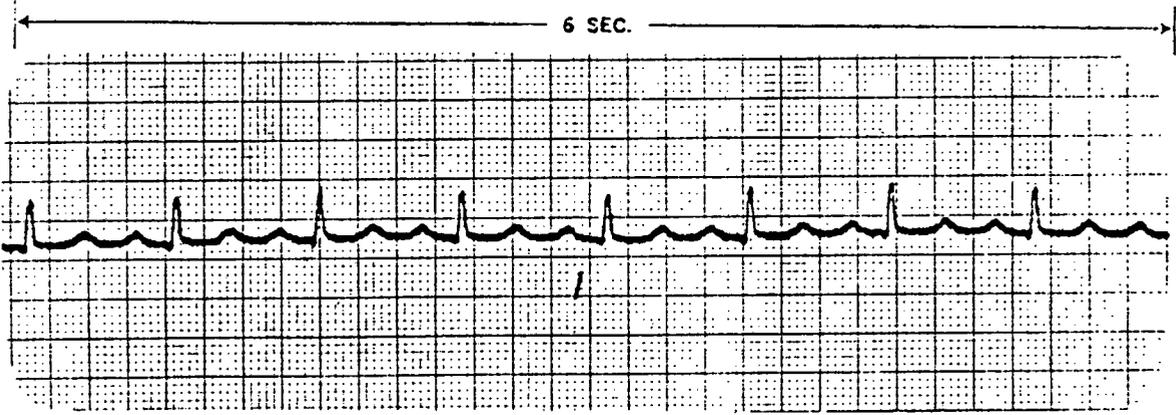
PATIENT HISTORY _____

MEDICATION _____

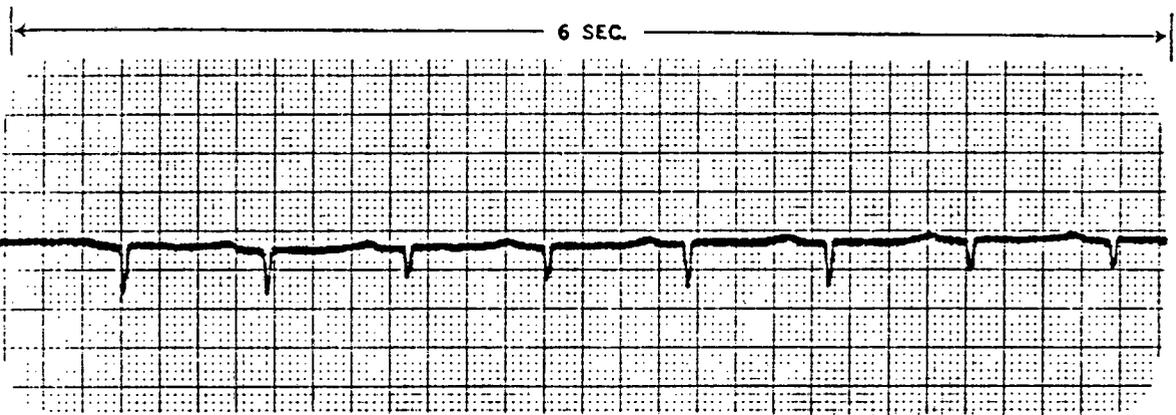
REMARKS _____



LEAD 1



LEAD 2



LEAD 3

VENTRICULAR RATE _____ P-R INTERVAL _____ PATIENT POSITION _____

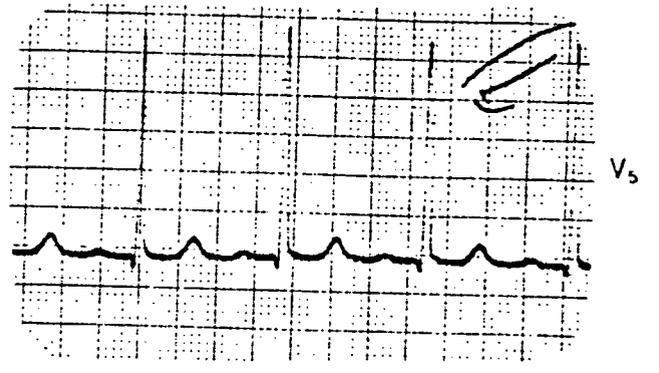
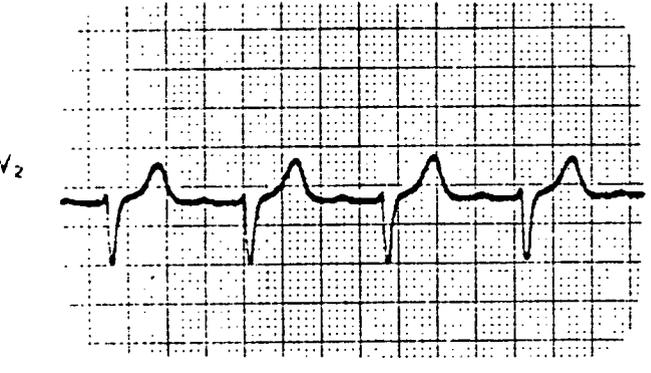
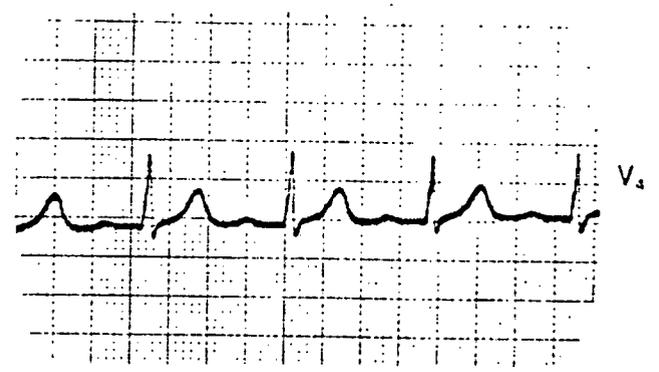
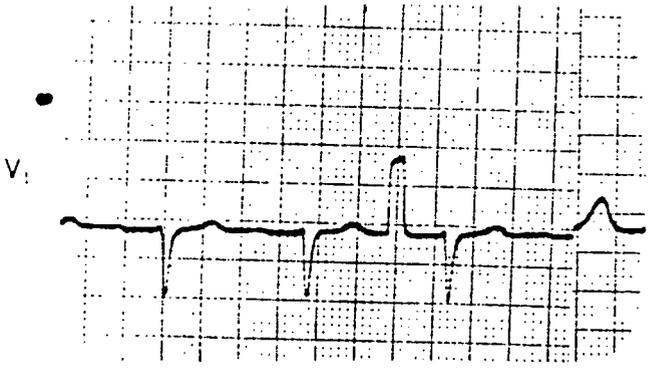
VENTRICULAR RATE _____ Q-R-S INTERVAL _____ ELECTRICAL AXIS _____

RYTHM _____ Q-T INTERVAL _____ S-T SEGMENT _____

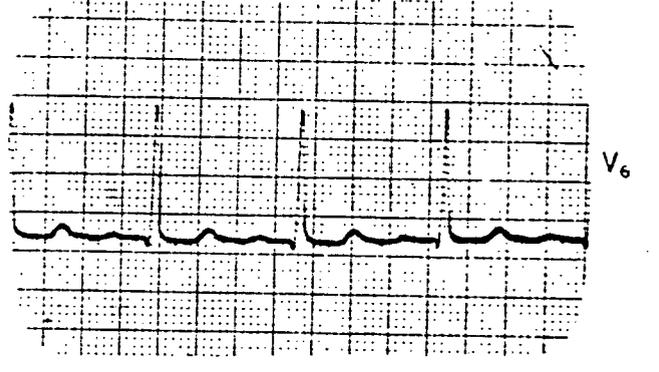
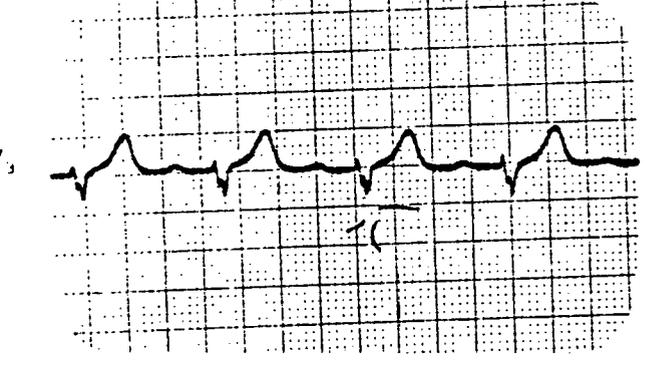
WAVES _____ T WAVES _____ ELECT. POSITION _____

MARKS *Normal complex QRS* **169** *Normal ECG*

Normal rhythm
Normal rhythm
Normal rhythm



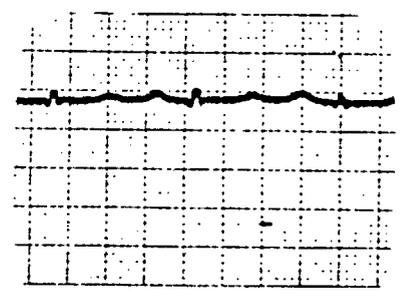
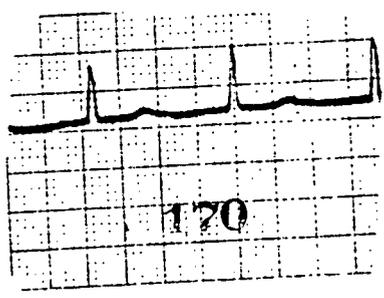
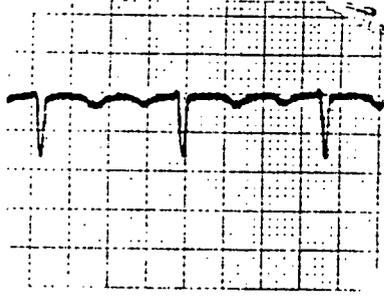
136



AVR

AVL

AVF



611-772
0

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

SUITE 220

4660 KENMORE AVENUE

ALEXANDRIA, VIRGINIA 22304

(703) 751-7400

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LAWRENCE J. PASCAL
JAMES A. MANNINO
THOMAS F. SANTER
J. HUNT BRASFIELD
MARK L. SCHAFFER
ROBERT B. ADAMS
WAYNE M. MANSULLA
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DAVID M. LACIVITA
ALLEN J. LOWE
PETER M. SWEENEY
TIMOTHY F. X. CLEARY
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PATRICK S. GUILFOYLE

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11300 ROCKVILLE PIKE
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WASHINGTON, D. C. 20037
SUITE 303
2101 L STREET, N. W.
(202) 783-6400

BALTIMORE, MD. 21202
SUITE 805
10 EAST BALTIMORE STREET
(301) 539-1122

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PETER M. SWEENEY
WAYNE M. MANSULLA
BARRY A. STIEFEL

January 4, 1980

Industrial Commission of Virginia
Department of Workmen's Compensation
Richmond, Virginia 23214

Re: Robert Clark v. United Airlines
I. C. #611-772 (298 C 76593)

Gentlemen:

I am enclosing herewith copies of our letters of November 21, 1979 and December 6, 1979 directed to Dr. A. J. Ferlazzo, along with copies of his medical records.

Kindly incorporate these documents into the file of the above captioned matter.

Very truly yours,


Lawrence J. Pascal

LJP: sf

Encl.

cc: Mr. Kirk Miller
Hartford Insurance Company (w/encl.)
cc: Mr. Robert Clark

ASHCRAFT & GEREL

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WILLIAM C. BURG
PATRICK S. GUILFOYLE

December 6, 1979

Dr. A. J. Ferlazzo
Dumfries Medical Center
P. O. Box 249
Dumfries, Virginia 22026

Re: Robert Clark

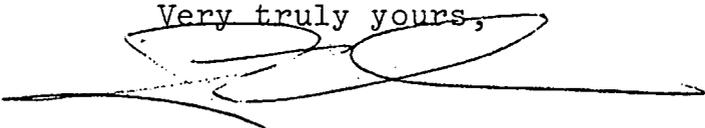
Dear Dr. Ferlazzo:

Reference is made to my letter of November 21, 1979 requesting copies of medical records concerning Mr. Clark.

Your early attention to this request would be most helpful to Mr. Clark and myself in pursuing his claim for workmen's compensation benefits.

Thank you for your anticipated cooperation in this regard.

Very truly yours,


Lawrence J. Pascal

LJP: sf

cc: Mr. Robert Clark

ASHCRAFT & GEREL

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ROBERT G. SAMET
WILLIAM C. BURGY
PATRICK S. GUILFOYLE

November 21, 1979

Dr. A. J. Ferlazzo
Dumfries Medical Center
P. O. Box 249
Dumfries, Virginia 22026

Re: Robert Clark

Dear Dr. Ferlazzo:

This law firm represents Mr. Robert Clark in connection with the injuries sustained in an industrial accident which occurred on September 24, 1975. On that date, Mr. Clark was struck by lightning while directing an airplane for takeoff during the course of his employment.

Kindly forward copies of all medical reports concerning the injuries sustained by the claimant on that date. I have enclosed a medical release form for your file.

Thank you for your assistance.

Very truly yours,


Lawrence J. Pascal

LJP: sf
Encl.

Robert Clark

15 June 6 - 11:00 am
Request to be read profile TV
BP 150/90
Pulse regular, 76/min
Soft Systolic murmur

25 75 (7/25/75) (7/25/75)
8-25-75
Chest removed at 9:50. Tender somewhat enlarged.
Reduced - Jopet lutech
POSIT 3
② Surface
③ Ulcer H.C.

4/75 Cough & chest congestion, sore throat
temp normal.
LRTI
A Pen V 200 mg qd
ATA fluids
9-24-75
9-25-75

5/75 Struck by lightning 4:30 9/24/75
Had emergency R @ Alexandria hospital
Today has pain (R) knee (R) hand
B.P. 150/80
Metformin 500 mg Bid

29/75 Cough & chest congestion persists. 9-29-75
Emergency R @ Codrington
A.P. Pen V 200 mg qd

12/75 Diarrhea all night - skin feels itchy 10-2-75
Feeling very weak - cough persists
174
Chest and 700 mg

Robert Clark

10-23-75

9/3/75

Coughs persists x 1 mo
Sore throat
10-30-75

3-1-75

D. of a cough with
RX 2-2-73 low cold

Supra
W. of supra
(Crown A. for)

2/4/75

Weakness below knees
swollen ankles
feet of legs

b p 136
78

12-4-75
No T. off
d. H
J

12/20/76

Rash on arms & thighs x 3 days
Puritic - new spots
itchy - back & arms
itchy on legs

1-30-76

8-76

Food & drug allergies
Erythema pl. subra
Subconjunctival hemorrhage O.D.
PR to ...
Rx cold compresses

5-8-76

BP 140/95

12/20/76

Pain back of ft leg - glaucoma
10-10-76 - low BP
to ...

9-20-76

12/76

Repeat Keratoconjunctivitis
and Blepharitis

9-27-76

Robert Clark

2-76 Pain back through R leg. ~~Aspirin 100mg~~
TID
Morphine

2-77 In knee 2nd alligens
Lash on back thighs 6-27-77

Bites - Uta trinitatis
8-3-77

3-77 Cough & throat & chest congestion
Sore throat

986 Chest den '42 g' Rb Fawer or Ampicillin x30
Orali Hycode
1-9-78

2-78 B/P 150/90 SOB. No trace of regular
Systolic murmurs
↓ Benzyl at daily
↓ Pathibazole 300 BID ac

3-78 Lock B/P 150/90 Tril B B/P 140/80
1-23-78
Benzyl daily
C/A Pathibazole BID
3-13-78

3-78 Patient left RR Reside in PA. when on trip
Dr A.S. O'Camp RR for RAUZIDA #40 - to be taken
One a day -

2-78 NKA 6-22-78
Otitis - Reced. - 6.25 mg TID

4-78 JBS 7-78
14 only 9. Crown way a to
Pinter released diet - at work
9-2-78

78 Health Profile #2 - B/P 110/68
B/P 132
54
Fava Compound
176

Robert

9-78 *A. sentina* (Ants) K Kerley by
Alcedon 071 m
Wesley #3 10-8-78

4-78 NKA *Sentina* @ Kerley by
Alcedon 071 m T20
(Wesley #3) 12-4-78

12/78 *C. (P.) sciatica* - NKA 12-27-78
P. sciatica with *perla*
to see also *trans*
perla to *sciatica* (ant)

1-79 left *S. sciatica* on B 132 3-79
wt 213 lb 76 K Ray
7B 5-140 mpm⁹⁰ wind all & sugar - key

1/8/79 4 ft. upper branchlets - *P. pervee* K
Pyrantony 7-8-79

9-20-79
9-20-79 FB 5-135 mpm⁹⁰ Wind all, sugar, active key
B/P 120/21 213
Fasten
Wetness PID
Before 150 1/2 daily
7

ADEL L. ANTOUN, M.D., Ltd.
14332 JEFFERSON DAVIS HIGHWAY
WOODBIDGE, VIRGINIA 22191
(703) 494-1147

July 1, 1976

Dr A J Ferlazzo
Dumfries Medical Center
DUMFRIES, Va. 22026

Dear Dr Ferlazzo

ROBERT CLARK

This 53 year old presented with pain in both knees and hands. He seems to relate this to an incident in which he was struck by lightning some time ago.

Examination and X-rays, however, are consistent with mild osteo-arthritis.

He was placed on a course of Motrin and I plan to follow him.

Thank you for referring this patient.

Yours sincerely



ADEL L ANTOUN, MD

611-772

ASHCRAFT & GEREL

ATTORNEYS AND COUNSELLORS AT LAW

SUITE 220

4660 KENMORE AVENUE

ALEXANDRIA, VIRGINIA 22304

(703) 751-7400

DISTRICT OF COLUMBIA

LEE C. ASHCRAFT
MARTIN E. GEREL
LEONARD J. RALSTON, JR.
LAWRENCE J. PASCAL
JAMES A. MANNINO
THOMAS F. SANTER
J. HUNT BRASFIELD
MARK L. SCHAFFER
ROBERT B. ADAMS
WAYNE M. MANSULLA
JAMES F. GREEN
WILLIAM F. MULRONEY
DAVID M. LACIVITA
ALLEN J. LOWE
PETER M. SWEENEY
TIMOTHY F. X. CLEARY
ROBERT G. SAMET
WILLIAM C. BURG
PATRICK S. GUILFOYLE

ROCKVILLE, MD. 20852
SUITE 1002
ONE CENTRAL PLAZA
11300 ROCKVILLE PIKE
(301) 770-3737

WASHINGTON, D. C. 20037
SUITE 303
2101 L STREET, N. W.
(202) 783-6400

BALTIMORE, MD. 21202
SUITE 805
10 EAST BALTIMORE STREET
(301) 539-1122

MARYLAND

MARTIN E. GEREL
LEONARD J. RALSTON, JR.
THOMAS F. SANTER
MARK L. SCHAFFER
ROBERT G. SAMET
DAVID M. LACIVITA
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VIRGINIA

LEE C. ASHCRAFT
LAWRENCE J. PASCAL
J. HUNT BRASFIELD
PETER M. SWEENEY
WAYNE M. MANSULLA
BARRY A. STIEFEL

December 4, 1979

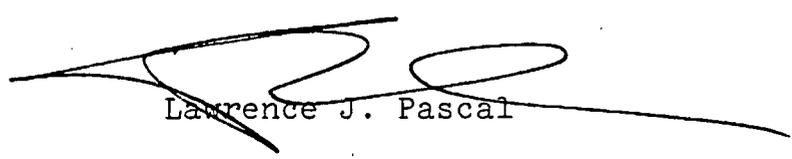
Industrial Commission of Virginia
Department of Workmen's Compensation
Richmond, Virginia 23214

Re: Robert Clark v. United Airlines
I. C. No. 611-772

Gentlemen:

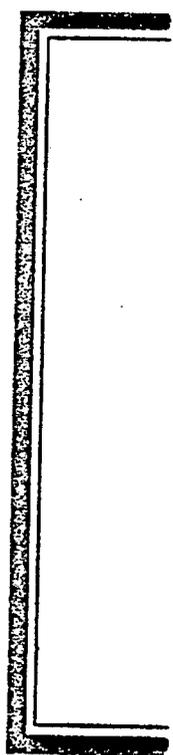
I am enclosing herewith copies of medical reports received from Dr. Gary M. Kohn a physician at National Airport for incorporation into the file of the above captioned matter.

Very truly yours,



Lawrence J. Pascal

LJP: sf
Encls.
cc: Hartford Insurance Company (w/encls.)
cc: Mr. Robert Clark



WICKOLS, JR., COMMISSIONER
 CRENSHAW, COMMISSIONER
 E. EVANS, COMMISSIONER

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF WORKMEN'S COMPENSATION
 INDUSTRIAL COMMISSION OF VIRGINIA
 RICHMOND

W. F. BURSEY, SECRETARY

Claim No. _____
 Case of _____

ATTENDING PHYSICIAN'S REPORT

All questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill out blank in ink using pen or typewriter, and mail promptly to the Commission at its Richmond office.

The Patient
 1. Name of Injured Person: ROBERT CLARK Age: 52 Sex: Male
 2. Address: No. and St. 15820 Cardinal Drive City or Town: Woodbridge State: Va.
 3. Name and Address of Employer: United Airlines - National Airport - Washington DC

The Accident
 4. Date of Accident: 9/24/75 Hour: 1630 M. Date disability began: 9/24/75
 5. State in patient's own words where and how accident occurred: Struck by lightning while dispatching trip.

The Injury
 6. Give accurate description of nature and extent of injury and state your objective findings: Lip laceration, lightning shock.
 7. Will the injury result in (a) Permanent defect? No If so, what? _____
 (b) Facial or head disfigurement? No
(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? Yes 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? No Give particulars: _____
 10. Has patient any physical impairment due to previous accident or disease? No Give particulars: _____
 11. Has normal recovery been delayed for any reason? No Give particulars: _____

Treatment
 12. Date of your first treatment: 10/1/75 Who engaged your services? UAL
 13. Describe treatment given by you: Examination, Sutures removed (6)
 14. Were X-Rays taken? No By whom? _____ When? _____
(Name and Address)
 15. X-Ray diagnosis: _____
 16. Was patient treated by anyone else? Yes By whom? Alex. Hosp. ER When? 9/24/75
(Name and Address)
 17. Was patient hospitalized? No Name and address of hospital: _____
 18. Date of admission to hospital: _____ Date of discharge: _____
 19. Is further treatment needed? No For how long? _____

Disability
 20. Patient was able to resume regular work on: 10/1/75
 21. Patient was 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 Washington DC
 I was graduated from University of Penna Medical School in Phila Year 1965
 I certify that I personally examined and treated the above named patient: Robert Clark
 (Signed) R. G. Fennell, M. D.
 Address National Airport - Washington DC Telephone 82-7471
 Date of this report 10/8/75 (This report must be signed personally by physician)

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

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF WORKMEN'S COMPENSATION
INDUSTRIAL COMMISSION OF VIRGINIA
P. O. Box 1794, Richmond, Virginia 23214

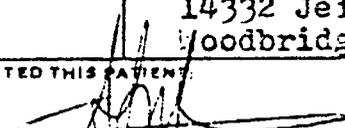
PH file

File No. _____

Case of _____

ATTENDING PHYSICIAN'S REPORT

All questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill in blank in ink using pen or typewriter, and mail promptly to the employer or the Claim Office of the insurance carrier.

1. NAME OF INJURED EMPLOYEE (First, middle initial, last) Robert Clark		2. DATE OF INJURY (Mo., day, yr.) Sept. 75	
3. EMPLOYEE'S HOME ADDRESS (Number and street, city, state, zip code) 15820 Cardinal Drive, Woodbridge, Va. 22191		4. DATE OF BIRTH (or age) (Mo., day, yr.) 5.20.23	5. SEX M
6. NAME OF EMPLOYER United Airlines		7. EMPLOYER'S ADDRESS (Number and street, city, state, zip code). National Airport, Washington DC.	
8. DATE OF FIRST VISIT (Mo., day, yr.) 7.1.76	9. DATE DISCHARGED (Mo., day, yr.) 7.1.76	10. WHO AUTHORIZED TREATMENT? Patient	
11. EMPLOYEE'S ACCOUNT OF HOW INJURY OR EXPOSURE TO OCCUPATIONAL DISEASE OCCURRED Struck by lightning.			
12. FINDINGS UPON EXAMINATION (INCLUDE RESULTS OF X-RAYS, LABORATORY STUDIES, ETC. NOTE PRIOR INJURIES AND PRE-EXISTING CONDITIONS AND ANY REMARKS AND RECOMMENDATIONS ON THE REVERSE OF THIS FORM.) Pain in both knees and hands.			
13. DIAGNOSIS Osteo-arthritis both knees and hands		14. IS DIAGNOSED CONDITION DUE TO OCCURRENCE DESCRIBED IN ITEM 11? <input type="checkbox"/> YES <input type="checkbox"/> NO Unknown IF "NO", EXPLAIN ON REVERSE OF THIS FORM	
15. NATURE OF TREATMENT Orthopedic examination, Motrin prescribed.		16. DATES OF YOUR TREATMENT (Mo., day, yr.) 7.1.76	
17. WAS EMPLOYEE HOSPITALIZED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give name and address of hospital in item 19)		18. WERE X-RAYS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give results in item 12)	
19. GIVE (1) NAMES, (2) ADDRESSES, AND (3) DATES OF TREATMENTS PROVIDED BY HOSPITALS OR OTHER DOCTORS FOR THIS INJURY			
20. WAS THERE DISABILITY FOR WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer 20-A,B,C) →	A. DATE DISABILITY BEGAN (Mo., day, yr.)	B. DATE ABLE TO RETURN TO LIGHT WORK (Mo., day, yr.)	C. DATE ABLE TO RETURN TO REGULAR WORK (Mo., day, yr.)
21. WILL THERE BE PERMANENT DEFECT, OR FACIAL OR HEAD DISFIGUREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," describe nature and extent of same. Estimate loss of function in % terms).			
22. NAME OF ATTENDING PHYSICIAN (Type or print) Adel L Antoun, MD		23. ADDRESS (Number and street, city, state, zip code) 14332 Jefferson Davis Hwy Woodbridge, Va. 22191	
24. I CERTIFY THAT I PERSONALLY EXAMINED AND TREATED THIS PATIENT. SIGNATURE  M. D.		25. DATE OF THIS REPORT 7.8.76	

M. E. NULKOLS, JR., COMMISSIONER
 J. G. CRENSHAW, COMMISSIONER
 M. E. EVANS, COMMISSIONER
 W. F. BURSEY, SECRETARY

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF WORKMEN'S COMPENSATION
 INDUSTRIAL COMMISSION OF VIRGINIA
 RICHMOND

Claim No. _____
 Case of _____

ATTENDING PHYSICIAN'S REPORT

All questions in this blank should be answered, and the report should contain an account of all injuries, no matter how trivial. Fill out blank in ink using pen or typewriter, and mail promptly to the Commission at its Richmond office.

The Patient
 1. Name of Injured Person: ROBERT CLARK Age: _____ Sex: Male
 2. Address: No. and St. _____ City or Town _____ State _____
 3. Name and Address of Employer: United Air Lines, National Airport, Washington, D.C.

The Accident
 4. Date of Accident: 6/21/68 Hour: 7:30 AM Date disability began: XN 6/21/68
 5. State in patient's own words where and how accident occurred:
While walking across the ramp my left knee twisted and it is now quite painful.

The Injury
 6. Give accurate description of nature and extent of injury and state your objective findings:
Traumatic bursitis, left knee.
 7. Will the injury result in (a) Permanent defect? No If so, what? _____
 (b) Facial or head disfigurement? No
(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? Yes 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? No Give particulars: _____
 10. Has patient any physical impairment due to previous accident or disease? No Give particulars: _____
 11. Has normal recovery been delayed for any reason? No Give particulars: _____

Treatment
 12. Date of your first treatment: 6/21/68 Who engaged your services: United Air Lines
 13. Describe treatment given by you: Examination, Ace Bandages, Signagen, Warm Epsom Salt Soaks,
 14. Were X-Rays taken? Yes By whom? United Air Lines, Wash. DC When? 6/21/68
(Name and Address)
 15. X-Ray diagnosis: Negative
 16. Was patient treated by anyone else? No By whom? _____ When? _____
(Name and Address)
 17. Was patient hospitalized? No Name and address of hospital: _____
 18. Date of admission to hospital: _____ Date of discharge: _____
 19. Is further treatment needed? No For how long? _____

Disability
 20. Patient ~~was~~ able to resume regular work on: 7/11/68
 21. Patient ~~was~~ able to resume light work on: 6/25/68
 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 Washington, D.C.
 I was graduated from: Georgetown University Medical School in Washington, DC Year 1955
 I certify that I personally examined and treated the above named patient: ROBERT CLARK
(Signed)
 Address: National Airport, Washington, D.C. Telephone: 737-6830 x326
 Date of this report: 7/16/68 (This report must be signed personally by physician)

Please Print (Use Jack Only)

Name Robert Middle
 First Robert Middle Middle

Birth Date 5-10-23

Filo Number (UAL Employees Only) 16016

S.S.# (Non UAL Employees Only) _____

Job Location DCB 1111

Job Description Mechanic

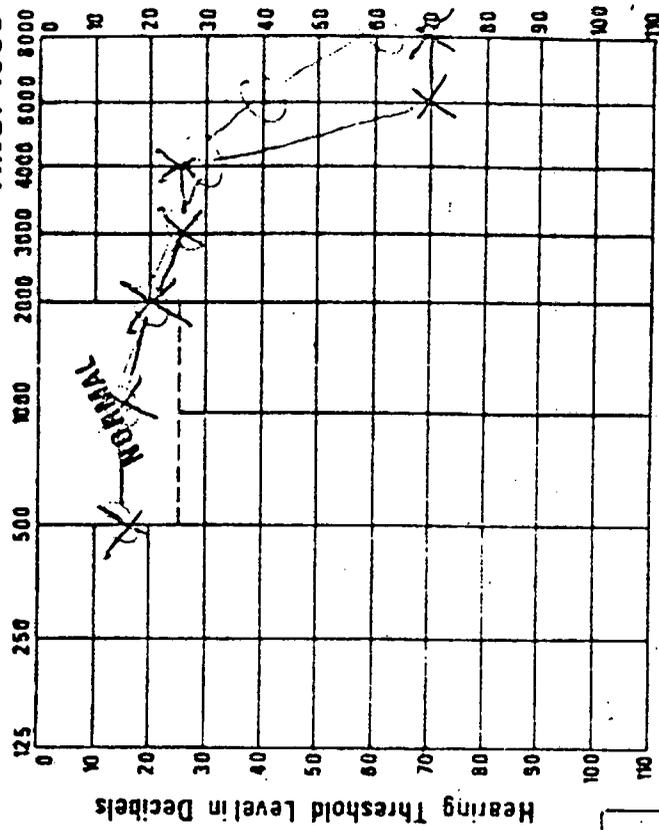
Audiometer: _____
 Hours Since Last Noise Exposure: 4

CODE T Model P Model 13 Serial <u>1111</u>	Comments: <u>6/22/76</u>
--------------------------------------------------------	-----------------------------

UMD2987

AUDIOGRAM

ANSI 1969



Right Ear 0-0-0 (Red) Test Time 17:50
 Left Ear X-X-X (Blue) Test Date 6-22-76
 Tester [Signature]
 Signature [Signature]

National Health Laboratories INCORPORATED

653 NORTH GLEBE ROAD, ARLINGTON, VIRGINIA 22203
TELEPHONE (703) 524-0074

• DR. R. G. FENNELL
• U. A. L. MEDICAL DEPT.
• NORMAL VALUES

(Handwritten signature)

PATIENT NAME	DATE	ACCESSION	ACCOUNT NO.	RESULTS
	6/30/76	139672	2309012	
TEST				NEGATIVE

NEGATIVE PROTEIN

NEGATIVE

NEGATIVE

A. R. MC GRATH, PH.D.

LABORATORY INFECTION

UNITED AIR LINES
Medical Department

D.O.B. 5/20/23 File No. 84016

Occupation: Pilot. Dept. DC-1117

Name: Clark, Robert

Address

5160 ...

Murphy ...

Koppe ...

... of family & ...

... ..

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Plant, Robert JMS

UNITED AIR LINES
Medical Department

D.O.B. 5/24/23 File No. 5-2-16

Name
Address

JUL 1 '74 Plant, Robert JMS Dept. of Plant

Has been using ASA at home ever weekend, some improvement,
still has feeling that knee will give if - certain position
Elev - no effort or instability, no tenderness, good ROM.
Drop - ? chondromatosis

Drop - best, ASA OIB good, limited walking, not Y.d. if walking
W. Check

JUL 1 '75 Beck - improved - much better on XRS. (F. Parable)
Drop - not pain!

AUG 25 '75 Thompson - 1st visit to doctor to discuss
whether to have work stopped or see
drop. Over 100 - advised by all his own
that that (100) work or not was
depending on amount of bump of

~~7/14/75~~ 12/2/75

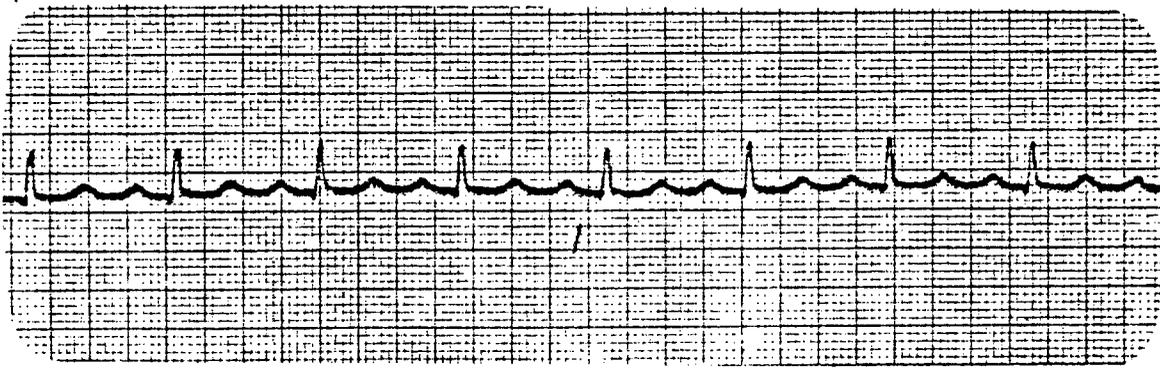
6 SEC.

LEAD 1



6 SEC.

LEAD 2



6 SEC.

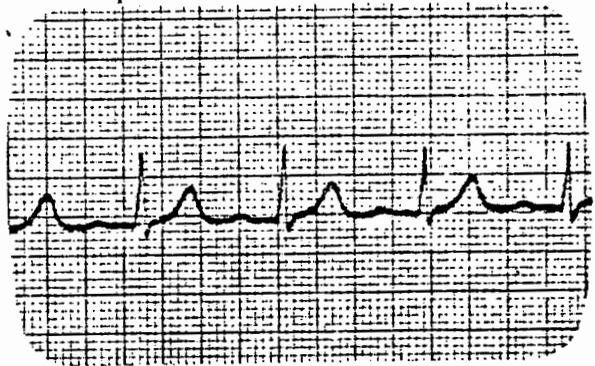
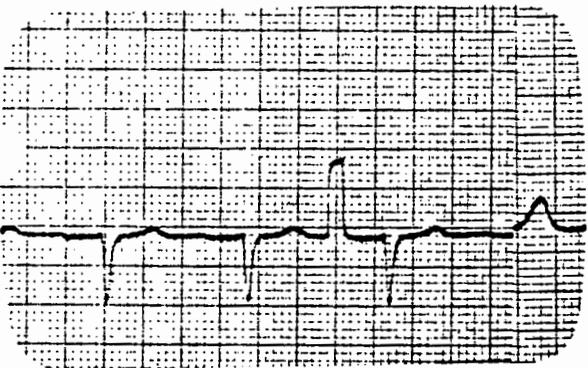
LEAD 3



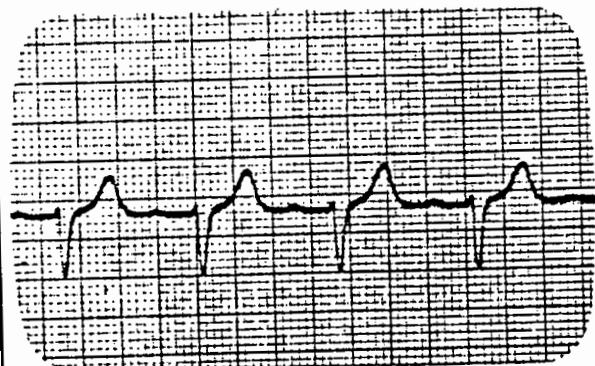
HEART RATE _____ P-R INTERVAL _____ PATIENT POSITION _____
 VENTRICULAR RATE _____ Q-R-S INTERVAL _____ ELECTRICAL AXIS _____
 Q-T INTERVAL _____ S-T SEGMENT _____
 T WAVES _____ ELECT. POSITION _____

Wanted compare to old Baseline ECG

190
 similar to my recorded
 ischemic anterior left ventricular hypertrophy



V₄

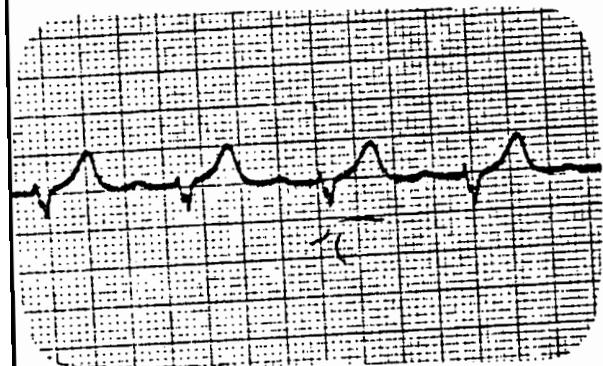


7

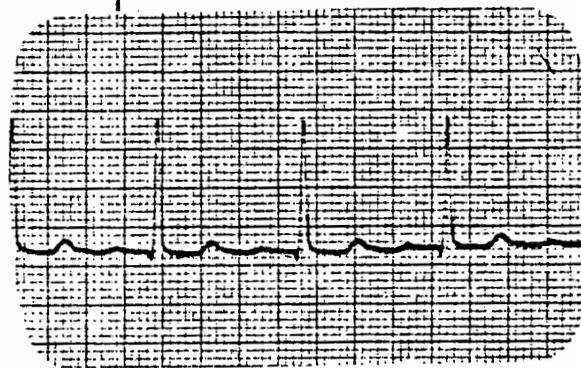


V₅

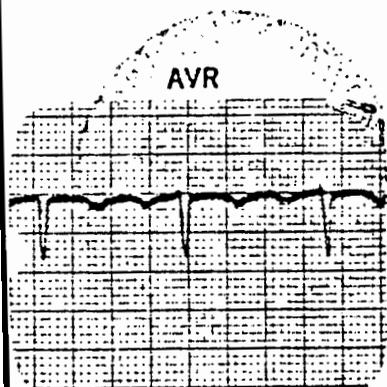
+ 36 ms



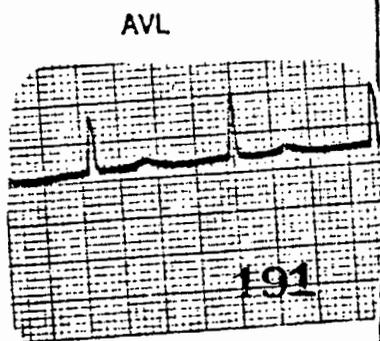
7c



V₆

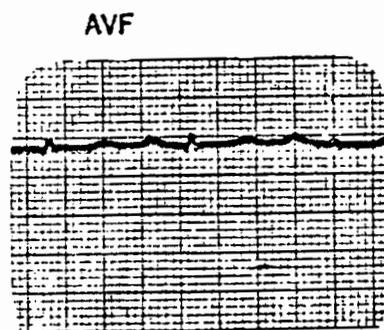


AVR



AVL

191

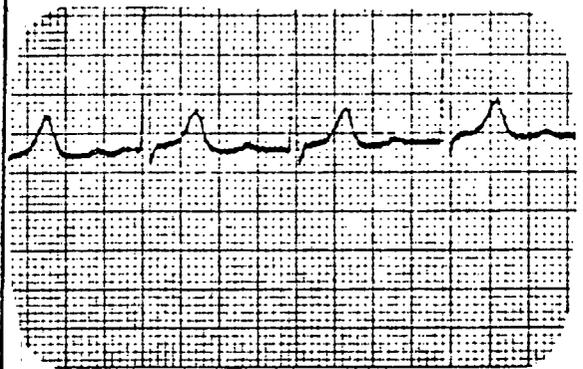


AVF

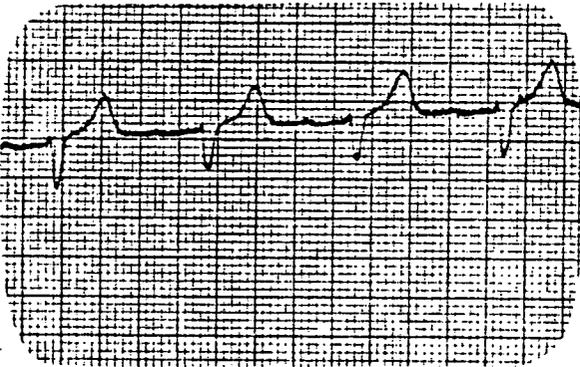
V₁



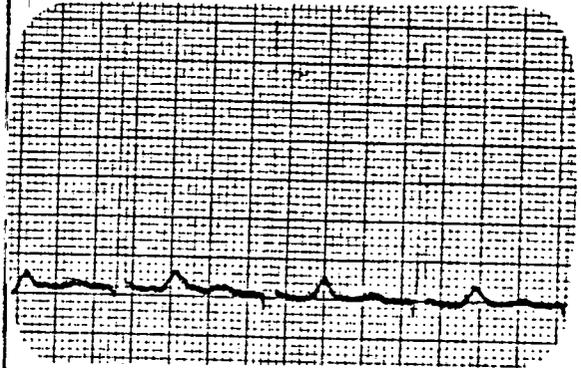
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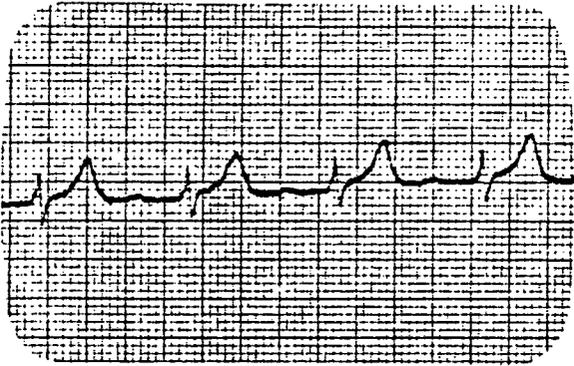
V₂



V₅



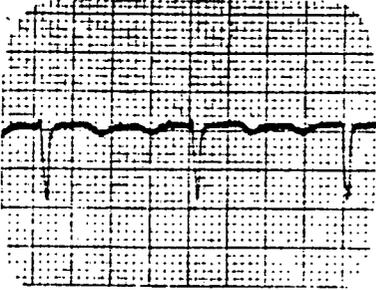
V₃



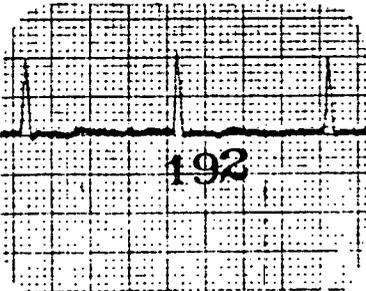
V₆



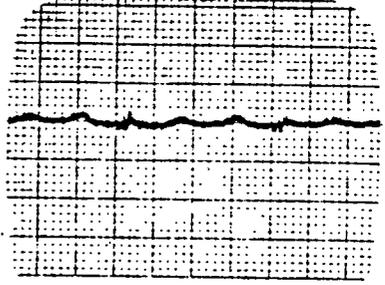
AVR



AVL



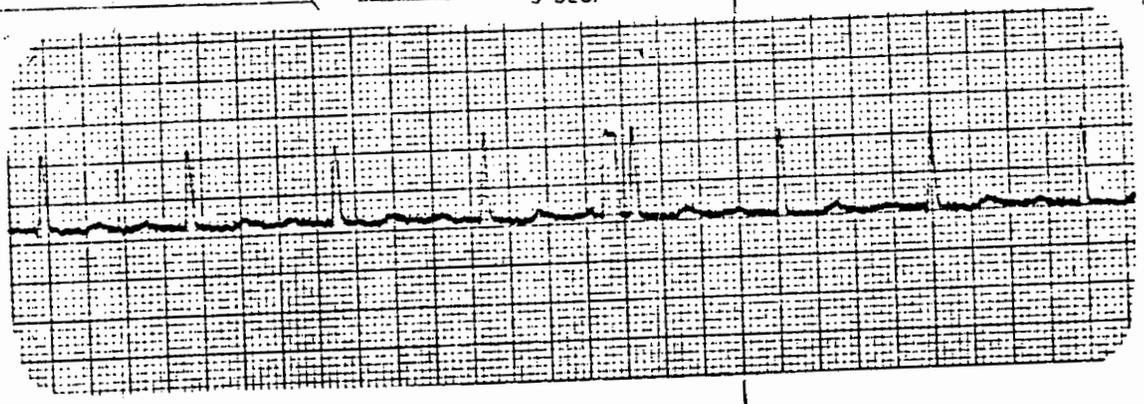
AVF



19/79

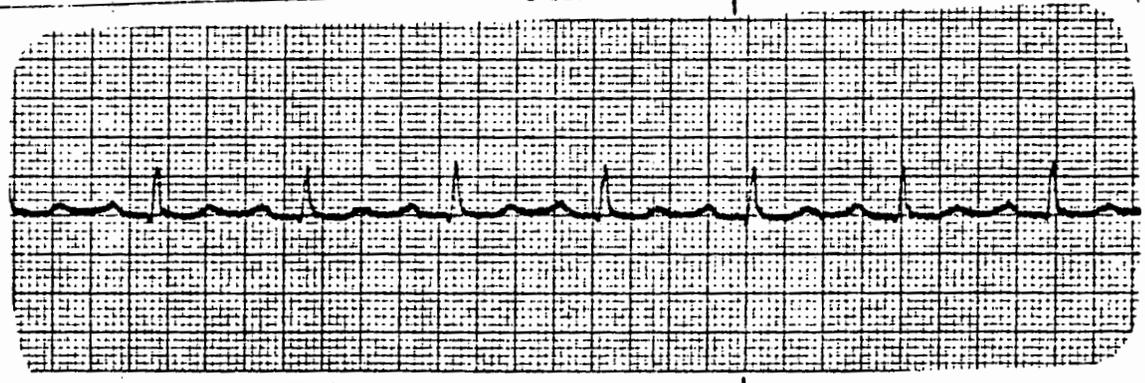
6 SEC.

AD 1



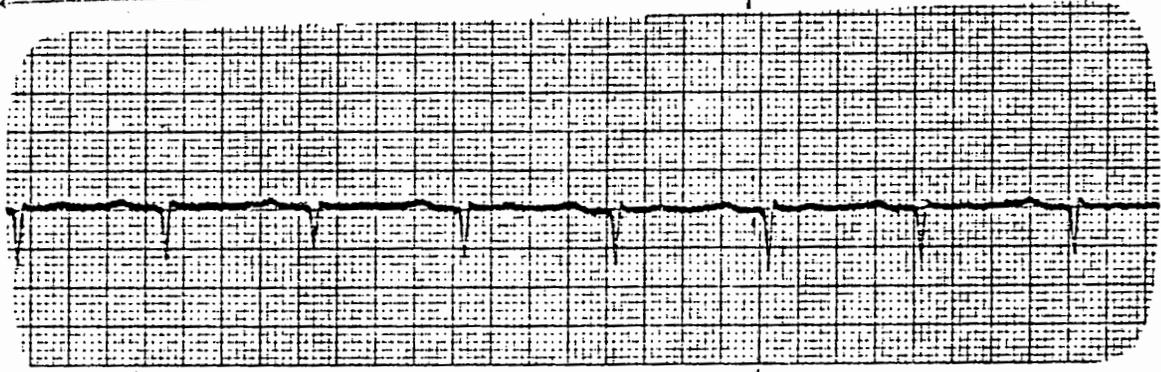
6 SEC.

EAD 2



6 SEC.

EAD 3



HEAR RATE

HEAR RATE

PR

QRS

RS

P-R INTERVAL

Q-R-S INTERVAL

Q-T INTERVAL

T WAVES

PATIENT POSITION

ELECTRICAL AXIS

S-T SEGMENT

ELECT. POSITION

Ret. Low t waves

193

PMM 7/1/79

UNITED AIRLINES
ACCIDENT REPORT
SEE REGULATIONS 5-12

ACC. CODE <i>DCAMM</i>	ACCIDENT DATE 1 P/E MONTH/DAY/YEAR	ACCIDENT TIME 2 P/E HFT	STATION ADD. CODE 4 P/E
FIRST AID TREATMENT is one time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth which do not ordinarily require medical care even if provided by a physician or registered professional personnel.	INJURY TO EMPLOYEE 48 <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> FINAL		STATION CODE NO. 5 P/E
MEDICAL TREATMENT is administered by a physician or by registered professional personnel under the standing orders of a physician.	EMPLOYEE'S NAME (LAST NAME FIRST) <i>Frank Robert</i>	6P SEX	FILE NUMBER 7P
NOTE: MARK EITHER A OR B, NOT BOTH A INJURIES WERE SLIGHT REQUIRING FIRST AID ONLY B INJURIES REQUIRED MEDICAL TREATMENT C OCCUPATIONAL ILLNESS OR LOSS OF CONSCIOUSNESS OR RESTRICTION OF WORK OR MOTION	JOB TITLE	SOCIAL SECURITY NO. 8P	JOB CODE NO. 9P
HOME ADDRESS (NO. AND STREET)	ORG. CODE NO. 10 P/E		
CITY, STATE, ZIP CODE	BIRTHDATE 11P		
AL DIAGNOSIS <i>up locomotion, lightning shock</i>	DATE DISABILITY BEGAN	DATE RETURNED TO WORK	JOB SENIORITY DATE MONTH/DAY/YEAR 12P
CO. SENIORITY DATE MONTH/DAY/YEAR	SCHEDULED WORK DAYS UNABLE TO WORK 40P <input type="checkbox"/> ESTIMATED ABSENCE TIME <input type="checkbox"/> ACTUAL ABSENCE TIME		CO. SENIORITY DATE MONTH/DAY/YEAR 13P
RESTRICTION OF WORK OR MOTION <i>none</i>	RESTRICTED ACTIVITY 41P DAYS		CO. SENIORITY DATE MONTH/DAY/YEAR 13P
APPROXIMATE DURATION OF RESTRICTION/RE-EXAM DATE	MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>		DATE <i>10/1/70</i>
VISOR: A If this is checked above, no further paper work is required. Except Workmen's Compensation forms provided employee was attended by outside physician. B If this is checked above, complete all remaining applicable sections of this form, prepare Workmen's Compensation forms, and submit per regulations.			DO NOT WRITE IN THIS SHADED AREA 14 P/E
AGE 42 <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> GROUND EQUIPMENT <input type="checkbox"/> FACILITIES			15P/E
OTHER 45 <input type="checkbox"/> FIRE <input type="checkbox"/> FLAMMABLE LIQUID SPILL <input type="checkbox"/> POTENTIAL ACCIDENT			16P/E
AIRCRAFT 33E TYPE 34E MAKE 35E MODEL 36E		FACILITY NAME AND NUMBER 37E	WORK ORDER NO. ASSIGNED
TO REPAIR EACH UNIT (RATELY) 38E <input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL \$			17P/E
NATURE AND EXTENT OF INJURY/DESCRIPTION OF DAMAGE			18P/E
DESCRIPTION OF ACCIDENT (WHY, WHERE, WHEN, HOW ACCIDENT HAPPENED)			19P/E
NAMES AND ADDRESSES OF WITNESSES			20P/E
EXACT LOCATION OF ACCIDENT			21P/E
UNSAFE CONDITION AND/OR PRACTICE CAUSED THIS ACCIDENT? DESCRIBE PROCEDURES VIOLATED, IF ANY.			22P/E
ACTION WAS TAKEN OR PROPOSED TO PREVENT OTHER INJURY OR DAMAGE UNDER SIMILAR CONDITIONS?			23P/E
NATURE OF SUPERVISOR			24P/E
DATE / /			25P/E
MANAGER'S APPROVAL			26P/E
DATE / /			27P/E