

FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

IVAN MILICIC, 233 North Altadena Drive, Pasadena, California, owner Ivan Milicic Chevron Station, advised that during 1965, SIRHAN SIRHAN worked for him for a month. He advised that SIRHAN was a very good worker and did an excellent job operating his service station. He advised that SIRHAN would usually work the evening shift alone and that he never had any lengthy conversations with SIRHAN and at no time can he recall SIRHAN expressing his political views or any of his beliefs for that matter. He advised that to his knowledge, no one ever visited SIRHAN during the month he worked at the Chevron Station and stated that SIRHAN appeared to him to be a loner and a person who actually did not have very many friends.

MILICIC advised that he last saw SIRHAN on June 3, 1968, at Jack Davies Richfield Service Station across the street from his business. He advised that on this date, SIRHAN had pulled into the Richfield Service Station and appeared to be getting gas in his automobile. He advised that he was standing in the driveway of his business and SIRHAN waved at him as he left the Richfield Service Station.

On 6/7/68 at Pasadena, California File # Los Angeles 56-156

SAs ROLAND H. BROYLES and
by ALLEN K. TOLEN/AKT/rah Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1

6/8/68

Date _____

BERT ALTFILLISCH, manager and part owner of Granja Vista Del Rio Farms at 13200 Citrus, Norco, California, advised that his regular office manager and bookkeeper, who was off with a broken back, had observed on television the person accused of shooting Senator ROBERT F. KENNEDY in Los Angeles. He had contacted him and advised that this appeared to be a former employee of theirs.

From his records, Mr. ALTFILLISCH was able to advise that SIRHAN, with Social Security No. [REDACTED], came to work for this farm on June 2, 1966, as an exercise boy with the thoroughbred horses. He was laid off on December 10, 1966. He gave his home address while working this six month period as 696 East Howard, Pasadena, California. He gave his date of birth as March 19, 1944, and his telephone number as SYcamore 8-2136.

Mr. ALTFILLISCH was able to advise from memory of little contact with SIRHAN and, from comments made about him by other employees, that he was supposed to be a political science student who had dropped out of school to try and become a jockey. He had come to this country with his brother and mother, but Mr. ALTFILLISCH did not know when. He seemed interested in politics but did not espouse any particular ideology or ideas that could be pinned to any political assaults or to any political party of any kind. He was very adamant in his beliefs and was dogmatic in his attitude in all things including politics and including his desire to be a jockey.

Mr. ALTFILLISCH discharged SIRHAN after it was apparent that he was not happy in his work and was not making much progress towards becoming a jockey. The trainers and Mr. ALTFILLISCH felt that he was too timid towards horses to ever become a good jockey. He was also not looked upon with favor by Mr. ALTFILLISCH since on one occasion he had attempted to organize the exercise boys into going home at noon and doing only exercise boy work. In other words, he did not like long hours of work and he felt that he was above doing the groom work since he was hired as an exercise boy. Mr. ALTFILLISCH was able to convince him and the others that if they did not do their work as directed, they would

On 6/5/68 at Norco, California File # Los Angeles 55-156
by SA LANFORD L. BLANTON/gk Date dictated 6/6/68

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2
LA 56-156

all be fired immediately. After this they all returned to work including SIRHAN and no more was heard regarding this matter.

It is noted that this farm is a large thoroughbred horse racing raising and training farm and as many as five to ten exercise boys and girls are hired at one time. Mr. ALTFILLISCH said he did not recall exactly who SIRHAN resided with at the time he was working at the farm. He believed he resided with one TERRY M. WELCH and possibly with a RICK VALDIZ who is presently at the Descancio Farms near San Diego, California, and possibly with STEVE GUERRERO, who he believes is working for RON MC MALLY at the Santa Anita Race Track. He has no idea where TERRY M. WELCH might be as he understood the Riverside Sheriff's Office was seeking his whereabouts at one time. He advised that SIRHAN may have lived with these people and may not. He believes he stayed somewhere in the vicinity of Norco during the week and traveled home to Pasadena on weekends. He was not particularly close to anyone at the farms and did not form a buddy relationship with any one particular person as is usually the habit of people working in this type of work. Mr. ALTFILLISCH said the only person working here at the present who would have had any contact with SIRHAN would be GARY NORRIS, the present trainer. He advised that GARY NORRIS took over the training work from one ROBERT LYNN WHEELER, who is presently a trainer at the Santa Anita or Hollywood Park Race Track.

Mr. ALTFILLISCH does not recall any mail coming in for SIRHAN. He never heard of SIRHAN being a member of any type of organization or attending any type meetings of any kind. He again pointed out that he had a number of employees and they were engaged in a busy type operation and although he had heard several comments concerning SIRHAN he did not have personal contact with him over a very few times.

Mr. ALTFILLISCH said that his records show that TERRY M. WELCH resided at 392 North Cota, Corona, California, in 1966.

3
LA 56-156

Mr. ALTFILLISCH advised that while employed here SIRHAN was thrown from a horse on September 25, 1966. He advised that this happened in the morning hours and SIRHAN was immediately taken to the Corona Community Hospital in Corona, California. Mr. ALTFILLISCH made available copies of his information furnished by the doctor, the insurance company and his own report of this incident. He recalled that SIRHAN came back to work within a very few days after this incident and that he did not appear to be injured seriously. He was scratched up considerably and was uncomfortable for a few days. He worked for about two months after this and then later brought an action to obtain money from the insurance company for his injury.

Mr. ALTFILLISCH advised that during the summer, besides TERRY WELCH he had employed at the time three local girls as in the exercise area. One was PEGGY OSTERKAMP, the other was LINDA SEABOLT and JANICE PUCY.

Xerox copies of the reports furnished by Mr. ALTFILLISCH are attached.

EMPLOYER'S REPORT OF INDUSTRIAL INJURY TO STATE OF CALIFORNIA

Department of Industrial Relations
Division of Labor Statistics & Research

INSURED'S COPY

Marine Insurance Co.
550 CALIFORNIA STREET
SAN FRANCISCO 4, CALIF. 1001 WILSHIRE BLVD
LOS ANGELES 17, CALIF.

Every question must be answered fully to avoid further correspondence. FAILURE TO FILE IS A MISDEMEANOR SUBJECT TO MAXIMUM FINE OF \$100.
(Labor Code, Sections 6407-6412)

INDEMNITY	
MEDICAL	
ALLOCATED	
TOTAL	
CATASTROPHE	CCC. DIS.
EXTENT	SUBRO.
BY:	TERRITORY:

Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research, San Francisco, not later than 24 hours after death.

SEND REPORT IMMEDIATELY AFTER INJURY
DO NOT WAIT FOR DOCTOR'S REPORT

EMPLOYER		POLICY NUMBER	DO NOT WRITE IN THIS COLUMN
1. Name (Give name under which concern does business)	<u>Marine Insurance Co.</u>		Case No.
2. Office Address (No. and Street)	<u>550 California Street</u>		Employer No.
3. Nature of business (Manufacturing shoes, retailing men's clothes, trucking for hire, etc.)	<u>Insurance</u>		Industry
INJURED EMPLOYEE		SOCIAL SECURITY NUMBER	Age
4. Name	<u>Stephen Dixon</u>		Sex and Marital Status
5. Address (No. and Street)	<u>550 California Street</u>		Weekly Wage
6. Age <u>22</u>	7. Sex: Check (✓) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	8. Check (✓) Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>	County
9. Number of hours worked per day _____; per week _____	10. Wages: \$ _____ per hour, or \$ _____ per day, or \$ _____ per week. (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)	11. If board, lodging, or other advantages furnished in addition to wages, give estimated value \$ _____ or \$ _____ per week.	Accident Date
11a. Under which classification of your policy were his wages carried?			Occupation
ACCIDENT			Accident Type
12. Place of accident (No. and Street)	<u>550 California Street</u>	(City or Town) <u>San Francisco</u>	Agency
13. On employer's premises <input checked="" type="checkbox"/> 14. Department: <u>Insurance</u>	15. Date of accident <u>9-25-66</u>	16. Hour of day <u>2:30 P.M.</u>	Agency Post
17. Did injury result in disability beyond day of accident? <input checked="" type="checkbox"/> 18. If yes, give date last worked <u>9-25-66</u>	19. Was injured paid in full for this day? <input checked="" type="checkbox"/> 20. If injured in a mine, check (✓) accident location: Surface <input type="checkbox"/> Mill <input type="checkbox"/> Underground <input type="checkbox"/> Shaft <input type="checkbox"/>		Mech. Defect?
CAUSE OF ACCIDENT			Unsafe Act
21. Occupation (job title) <u>Insurance boy</u>	22. How long employed by you at this occupation? Check (✓) Less than 6 mos. <input type="checkbox"/> 6 mos. to 2 yrs. <input type="checkbox"/> over 2 yrs. <input type="checkbox"/>	23. What was employee doing when accident occurred? <u>While working home, home attendant to father and mother</u>	Personal Defect
24. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc.; give all factors contributing to accident. Use other side of report for additional space.)	25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved.)		
26. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.)	27. Were mechanical guards or other safeguards provided? <input checked="" type="checkbox"/> 28. Was injured using them? <input checked="" type="checkbox"/>	29. What do you recommend for preventing this type of accident? (State the specific preventive measure that can be taken by employer and workers. Do not say, "Be more careful." Specify what should or should not be done.)	
NATURE OF INJURY AND PART OF BODY AFFECTED			
30. (Describe in detail the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.)	31. Name and address of physician <u>Marine Insurance Co.</u>		Nature of Injury
32. Name and address of hospital <u>Marine Insurance Co.</u>	33. Has employee returned to work? <input checked="" type="checkbox"/> 34. If yes, give date <u>9-25-66</u>	35. At what wage? \$ _____ per _____	Location
36. Did injury result in death? <input checked="" type="checkbox"/> 37. If yes, give date _____	38. In case of death, give name and address of nearest relative _____		Extent of Injury
39. Is injured—(a) Employed by Sub-Contractor?—(b) An officer, partner or relative (by blood or marriage) of the Employer? Give details _____	40. Was injury caused by anyone else? _____ How _____	41. On reverse side list names and addresses of witnesses.	Insurance Carrier
42. Date Employer was notified of injury <u>9-25-66</u> When will Injured return to work? <u>9-25-66</u>	Signed by _____ Telephone _____	2025 RELEASE UNDER E.O. 14176	Report Log
			Coded by

AMBULANCE - 11/10/66
DR. CALLED R. Nelson
REPORTED _____

CORONA COMMUNITY HOSPITAL
812 WASHBURN AVE.
CORONA, CALIFORNIA 91720
PHONES 737-4243-4244-0093

ER 4045

Call 737 3875 for info.

NAME <u>Sirhan, Sirhan</u>		DATE <u>9-25-66</u>	TIME <u>9:30 AM</u>
ADDRESS <u>696 E. Howard</u>		CHIEF COMPLAINT	
CITY <u>Riverside</u>		Industrial accident, was riding race horse when he ran into fence and fell, sustaining injuries as follows: Brought in by Thomas	
SEX <u>Male</u>		Ambulance	
DATE OF BIRTH <u>3-19-44</u> PHONE <u>54-82136</u>		TREATMENT	
SOCIAL SECURITY NO. _____		Gum and	
RESPONSIBLE PARTY <u>Self</u>		Neurotanal gr 1 1/2 oral	
ADDRESS _____		Dawson	
EMPLOYER <u>Altfilisch, Const. Co.</u>		Laceration of left upper lid (medial)	
ADDRESS <u>Bld 159B Rt 1 Corona</u>		Bilateral sand foreign bodies in eyes	
INSURANCE CO. _____		Laceration of chin; complex; 5 cm total	
ADDRESS _____		Large contusion of dorsal back	
GROUP NO. _____ CERT. NO. _____		Contusion of left hand	
ACCIDENT (NATURE, DATE, WHERE) <u>thrown from Horse - 9-25-66 8:30 AM</u>		Multiple abrasions.	
<u>GRANJA Vista Del Rio</u>		25 units HYPERTET given	
<u>CITRUS 13200 - East VALLE (Mesa)</u>		Hospitalized for further care.	
EMERGENCY ROOM CHARGES		15.00	
<u>Suture set</u>		5.00	
<u>Neurotanal Sodium gr 1 1/2</u>		5.00	
<u>pop tray</u>		1.00	
PROFESSIONAL FEE			
SUB TOTAL			
X-RAY		17.50	
<u>Spine</u>		25.00	
<u>Skull</u>		15.00	
<u>Shoulder</u>		12.50	
<u>Hand</u>		5.00	
LABORATORY			
TOTAL		91.50	DISPOSITION Hospitalized
NURSES SIGNATURE <u>W. White, RN</u>		PHYSICIAN <u>Richard A. Nelson, M.D.</u> MD	

CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment; I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the hospital. This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

Patient male Signed for Larry Sirhan Patient by Larry Sirhan
(REASON NOT SIGNED BY PATIENT) RELATIONSHIP Friend

DOCTOR'S FIRST REPORT OF WORK INJURY Immediately after first examination, mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to Enterprise Insurance Company at address shown above. Failure to file a report with the Division is a misdemeanor. (Labor Code, Section 6407-6413.) Answer all questions fully.

1. EMPLOYER.....	Do not make in this space
2. Address (No. & City).....	
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.).....	
4. EMPLOYEE (Last name, middle initial, first name).....	
5. Address (No. & City).....	Tel. No.
6. Occupation.....	Age..... Sex.....
7. Date injured.....	Hour..... AM Date last worked.....
8. Injured at (No. & City).....	County.....
9. Date of your first examination.....	Hour..... AM Who engaged your services?.....
10. Name other doctors who treated employee for this injury.....	
11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury?..... Employee's statement of cause of injury or illness: While working for a shoe store this morning.	
12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.) Accommodation of left lower leg (eye); bilateral shoulder (arm) in arm; inflammation of skin, complex, 9 cm. total length; large contusion of back of head; contusion of left hand and multiple abrasions.	
13. X-rays: By whom taken? (State if none)..... Findings:.....	
14. Treatment:.....	
15. Kind of case (Office, home, or hospital)..... If hospitalized, date..... Estimated stay.....	
16. Further treatment (Estimated frequency and duration).....	
17. Estimated period of disability for: Regular work..... Modified work.....	
18. Describe any permanent disability or disfigurement expected (State if none).....	
19. If death ensued, give date.....	
20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)	

Name..... Degree.....
(Type or print) [Signature]
Date of report..... Address (No. & City)..... Tel. No.

SILHAN, SIRHAN
696 E. Howard
Pasadena, California

BILL TO
ADDRESS
CITY
PHONE

STATEMENT

ROOM NO.
Out-Patient
RATE
DOCTOR
Schnepfer

HOSPITAL NO. ER-4179
DATE ADM. 10-8-66
HOUR ADM.
DATE DISCH.
HR. DISCH.

[illegible]

SEE REVERSE SIDE OF YOUR STATEMENTS.

VALUES ARE TAKEN FROM THE 1964 RELATIVE VALUE STUDIES - 4TH EDITION.

CORONA COMMUNITY HOSPITAL

812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA

TELEPHONES: 737-4343 -- 688-0093

BILLING AGENT FOR

PAUL H. DIEB, M.D.
JOHN W. KIZZLAR, M.D.
RADIOLOGISTS

THOMAS F. JONES, M.D.
PATHOLOGIST

DATE OF POSTING DOES NOT
NECESSARILY REPRESENT THE DATE
THE SERVICE WAS RENDERED.

YOUR PRIVATE PHYSICIAN'S CONSULTANT'S AND ANESTHESIOLOGIST'S CHARGES ARE NOT INCLUDED IN THIS BILL.

THIS BILL INCLUDES ALL CHARGES REPORTED TO THIS OFFICE UP TO TIME OF DISCHARGE. UNREPORTED CHARGES WILL BE BILLED LATER. BILLS PAYABLE UPON PRESENTATION.

ALL BILLS PAYABLE ON PRESENTATION.
RETAIN FOR INSURANCE AND TAX RECORDS.

2025 RELEASE UNDER E.O. 14176

PATIENT'S STATEMENT

570

ROOM NO. 235-1.

HOSPITAL NO. 7988
DATE ADM. 9-25-66
HOUR ADM. 12:30 pm
DATE DISCH. 9-26
HR. DISCH. 7:35

MR. DISCH.

PATIENT SYRMAN, MEL. SYRMAN
ADDRESS 696 East Howard
CITY Pasadena, California
PHONE SYR-2136

BILL TO
ADDRESS
CITY
PHONE

RATE \$39.00
DOCTOR R. Nelson

[illegible]

673

SEE REVERSE SIDE OF YOUR STATEMENTS.

CODES ARE TAKEN FROM THE 1964 RELATIVE VALUE STUDIES - 4TH EDITION.

DATE OF POSTING DOES NOT
NECESSARILY REPRESENT THE DATE
THE SERVICE WAS RENDERED.

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ALL BILLS PAYABLE ON PRESENTATION.
RETAIN FOR INSURANCE AND TAX RECORDS.

2025 RELEASE UNDER E.O. 14176

CORONA COMMUNITY HOSPITAL

812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA

TELEPHONES: 737-4343 - 688-0093

BILLING AGENT FOR

PAUL H. DEEB, M.D.
JOHN W. RIZZAR, M.D.
RADIOLOGISTS

THOMAS E. JONES, M.D.
PATHOLOGIST

INSURANCE COPY

FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

TRULA MERRIMAN, Stenographer, California Horse Racing Board, 205 South Broadway, furnished the following:

She made available an application for license as a hot walker completed by SIRHAN BISHARA SIRHAN. The license was issued on January 1, 1966, at the Santa Anita, California Race Track.

The application indicated that SIRHAN BISHARA SIRHAN, 696 East Howard Street, Pasadena, California, was born on March 19, 1944 in Jerusalem, Jordan. His employer was listed as GORDON BOWSHER. A previous employer of SIRHAN was listed as CLARENCE COPPING, 2529 Foothill, Pasadena, California. Three names were listed on the form as persons who have known SIRHAN well for the past ten years. These individuals were furnished as: WALTER CROWE, 1700 Topeka Street, Pasadena, California; TOM GOOD, 1743 Elizabeth Street, Pasadena, California; JOHN STRATHMANN, 1760 North Oxford Avenue, Pasadena, California. The form was signed "SIRHAN SIRHAN".

Mrs. MERRIMAN advised that she was furnishing this original form for the use of the FBI. She stated it is signed by SIRHAN and was probably executed by him as these forms are normally filled out by the applicant.

On 6/7/68 at Los Angeles, California File # Los Angeles 56-156

by SA THEODORE E. CHILDRESS/vjh Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

KATIE COFFEY, Secretary for Dr. NELSON, and whose residence is 11315 Laverne, Riverside, California, advised that she recalled SIRHAN SIRHAN coming into the office in the fall of 1966, after he had been thrown off a horse. She advised that he was a very nervous and "jumpy" person, and she talked to him on a few occasions attempting to get him to settle down in the office and not to be so upset while awaiting the Doctor. She said that from the slight conversation she had with him, he appeared to be an unhappy and nervous person who gave the impression he felt like he was being picked on most of the time. She said that he appeared to be very self-conscious about his very small size. She had no discussions with him of a political or social nature, and talked with him in an attempt to calm him down.

On 6/5/68 at Corona, California File # Los Angeles 56-156
by SA LANFORD L. BLANTON/sjg/HMS Date dictated 6/7/68

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1

Date 6/8/68

Dr. RICHARD A. NELSON, Suite 7, 760 South Washburn, Corona, California, advised that he recalled treating SIRHAN SIRHAN for an injury received from a fall. SIRHAN SIRHAN was thrown from a horse while he was employed by the Granja Vista Del Rio Farms. He was first seen on September 25, 1966, when he was brought to the Corona Community Hospital. Dr. NELSON said that there was no serious injury incurred. He was admitted to the hospital by Dr. NELSON on September 25, 1966, at 12:30 p.m. He was released at 1:35 p.m. on September 26, 1966. Dr. NELSON wanted him to stay in the hospital longer, but he was very reluctant to stay in the hospital and almost a belligerent patient. X-rays were taken of his skull, back, shoulders, and arms, and they were all negative. There was no permanent damage incurred in any place from this fall. SIRHAN was scratched extensively and the injury was painful for a few days, but was not serious.

Dr. NELSON recalled SIRHAN questioned all of the medical applications and all medicines administered to him, and appeared unduly frightened of the various treatments. Dr. NELSON said that he appeared to be an angry young person, but that he did not give it much thought at that time. He said that he does remember him very plainly, because he was one of the most reluctant patients that he had ever had.

Dr. NELSON furnished the copies of all the medical records at the Corona Community Hospital, and furnished these to SA BLANTON.

After SIRHAN was released on September 26, 1966, Dr. NELSON saw him again on September 29, 1966. Notations were made in his own records that he was healing, and he was fully active at that time. He saw him again on October 26, 1966, in his office, and SIRHAN appeared to be completely healed. He complained of a little trouble with his left eye, and Dr. NELSON referred him to Dr. MILTON A. MILLER, 824 South Main, Corona, an optometrist.

On 6/5/68 at Corona, California File # Los Angeles 56-156

by SA LANFORD L. BLANTON/sjg Date dictated 6/7/68

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Dr. NELSON again stated that SIRHAN's injuries were not serious and were only dirty and momentarily painful.

Attached is a copy of the Corona Community Hospital Records pertinent to SIRHAN SIRHAN made available by Dr. NELSON.

DR. CALLED *Shelton*

REPORTED

812 WASHINGTON AVE.
CORONA, CALIFORNIA 91720
PHONES 737-4343 - 698-0073

ER 4179

NAME *Sirhan Sirhan*
 ADDRESS *696 E. Howard St*
 CITY *Pasadena, Cal*
 SEX *Male*
 DATE OF BIRTH *3-19-44* PHONE *548-2136*
 SOCIAL SECURITY NO. *[REDACTED]*
 RESPONSIBLE PARTY *Enaja Vista del Rio*
 ADDRESS *13200 Citrus St, Corona*
 EMPLOYER *↑*
 ADDRESS *↑*
 INSURANCE CO. *↑*
 ADDRESS *↑*
 GROUP NO. *↑* CERT. NO. *↑*
 ACCIDENT (NATURE, DATE, WHERE)
Opened left hand wound
this p.m. to explosion accident
 EMERGENCY ROOM CHARGES *5-*
 PROFESSIONAL FEE *5-*
 SUB TOTAL *5-*
 X-RAY *Paid*
 LABORATORY *5-*
 TOTAL *5-*
 NURSES SIGNATURE *Shelton*

DATE *10/8/66* TIME *3:15 P.M.*
 CHIEF COMPLAINT *Cutaneous*
 TREATMENT *Admission*
nose bleed
1 eye - cut
of front face
Tet-Tox
7 hrs ago
Admission
5 hrs ago
Admission
 DISPOSITION *Admission*
 PHYSICIAN *Shelton*

CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to such diagnosis, procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the hospital.
 This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

Patient *Sirhan Sirhan* *67676* Signed for Patient by *Shelton*
 (REASON NOT SIGNED BY PATIENT) RELATIONSHIP

Hospital No. 7988
In. No. 215-1 Rate \$36.50

ADMISSION FORM
CORONA COMMUNITY HOSPITAL

Date Adm. 9-25-66 at 12:30 pm.
Date Disch. 9-26-66 at 1:40 pm.

Name SIRHAN, MR. SIRHAN

Previous Admission
This Hospital ☒ No ☐ Yes ☐

Advance Payment Amount Date

Residence Address 696 East Howard

Previous Admission
Outside Hospital ☒ No ☐ Yes ☐

Location Date

City Pasadena, California State Zip 91106

Local Address Same

Work Where

Age 22 Sex M Birthdate 3-19-44 Marital Status S

Patients
Sub. Sec. No.

Race Cauc. Ethnicity Nationality

Religious
Preference

Employment Exerciso Boy Employed By Altfillisch Const. Co.

Address Rt. 1 Box 159B City Corona, Calif. Phone 737-5375

Referral Sirhan Relationship Father Address Same

Street City

Referral Address

Street City

Referral Address

Street City

Referral Address

Street City

Referral Address

Street City

Referral Address

Street City

Referral Address

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Referral Address

Street City

Referral Address

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Street City

Service of Dr. R. Nelson 737-5892 Admitted By Gale Norbuts

760 Washburn
Corona

Diagnosis Multiple Contusions and Abrasions, Severe Back Injury

Physical Examination multiple lacerations & bruising, Green. Tumor
Finger, bottle, & eye.

Lab. Procedures None

Observations Anterior of lacerations (on E. H.)

Code No. 929 ✓
918.0 ✓
879.6 ✓
930 ✓
89.4 ✓

Referral Address

Referral Address

Referral Address

RELEASE OF RESPONSIBILITY

This is to certify that I, SIRHAN, SIRHAN
hereby release the Hospital from all responsibility for loss or damage of any personal
articles left in my possession, or any items brought into the Hospital during my hospital-
ization.

I have been advised by the Hospital to return any unnecessary articles to my home,
and I take full responsibility for retaining in my possession any articles which I consider nec-
essary, and for the removal of these article from the Hospital premises at the time of dis-
charge.

Any valuables placed by me into the Valuables Envelope No. are itemized
separately on the face of the envelope and placed in the Hospital safe.

DATE: 9-25-66

SIGNED

X Sirhan Sirhan
PATIENT

WITNESS

IF PATIENT IS A MINOR OR IS UNABLE TO SIGN, COMPLETE THE FOLLOWING:

PATIENT IS A MINOR.....(STATE AGE); IS UNABLE TO SIGN BECAUSE.....

DATE:

WITNESS

Signature (State Relationship)

SIRHAN, SIRHAN 215-1 Dr. B. Holson 7999
Name - last First Middle Room-3rd Attending Phys. Hosp. No.

RELEASE OF RESPONSIBILITY

678

CONDITIONS OF ADMISSION
to
CORONA COMMUNITY HOSPITAL

A copy of this Document is to be delivered to the patient.

1. **General Duty Nursing:** The hospital provides only general duty nursing care. Under this system nurses are called to the bedside of the patient by a signal system. If the patient is in such condition as to need continuous or special duty nursing care, it is agreed that such must be arranged by the patient, or his legal representative, or his physicians, and the hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
2. **Medical and Surgical Consent:** The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physicians, and the undersigned consents to any x-ray examination, anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions of the physicians.
3. **Release of Information:** The hospital is authorized to furnish from patient's record requested information or excerpts to any insurer of patient.
4. **Personal Valuables:** It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables and the hospital shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, furs, fur coats and fur garments or other articles of unusual value and small compass, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping.
5. **Financial Agreement:** The undersigned agrees, whether he signs as agent or as patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest of the legal rate.
6. **Insurance:** I understand that, if my hospitalization is covered by insurance of any type, it is nevertheless, my personal obligation to pay for all hospital charges as presented by the above mentioned hospital. I hereby consent that the hospital may request any insurance company concerned with my hospitalization to name it, the hospital, upon all settlement or recovery under such insurance.

The undersigned certifies that he has read the foregoing, receiving copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

<u>DR. RICHARD NELSON</u> Attending Physician	<u>SIRUAN SIRHAN</u> Patient's Name
Date _____ Hour _____	<u>X Siruan Sirhan</u> Patient
	_____ Witness
Date _____ Hour _____	_____ Relationship
	_____ Witness
Date _____ Hour _____	_____ Relationship
	_____ Witness

DR CALLED

R Nelson

012 WASH. JURY AVE.
CORONA, CALIFORNIA 91720
PHONES 737-4343-658, 0093

7928 111

REPORTED

ER 4045

NAME Sirhan, Sirhan DATE 9-25-66 TIME 9:30 AM

ADDRESS 696 E. Howard CHIEF COMPLAINT Industrial accident; was riding race-horse when he ran into fence and fell, sustaining injuries as follows:

CITY Pasadena

SEX Male

DATE OF BIRTH 3-19-41 PHONE 54-82136

SOCIAL SECURITY NO. _____

RESPONSIBLE PARTY Self TREATMENT Gum and

ADDRESS _____

EMPLOYER Altfilisch, Const. Co. Newkatal gr. 1 1/2 oral

ADDRESS Bd. 159B Rt. 1 Laguna Davan

INSURANCE CO. _____

ADDRESS _____

GROUP NO. _____ CERT. NO. _____

ACCIDENT (NATURE, DATE, WHERE) Horse - 9-25-66 5:30 AM

Gt. Anja Vista Del Rio

Citrus 13200 - East 1112 (Mered)

EMERGENCY ROOM CHARGES 15.00 Hospitalized for further care.

Suture set 5.00

Newkatal Sodium gr. 1 1/2 50

P.P.P. tray 1.00

PROFESSIONAL FEE _____

SUB TOTAL _____

X-RAY + Spine 17.50

Skull 25.00

(1) Shoulder 15.00

(1) Hand 12.50

M.H. 5.00

LABORATORY _____

TOTAL 91.50 DISPOSITION Hospitalized

NURSES SIGNATURE W. White, RN PHYSICIAN Richard A. Nelson, M.D. M.D.

CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.

This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

680

Patient unable to sign
(REASON NOT SIGNED BY PATIENT)

Signed for

Patient by

Larry Minnemann
RELATIONSHIP Friend

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date: 9-25-66 11:30 am a.m.
Hour: P.M.

Problem: Fell from race horse, big fence, sustained multiple injuries:

Contusion of the left subscapular-dorsal area
 Laceration and hematoma of left upper lid
 Bilateral sand foreign bodies of the eyes
 Contusion of the left hand
 Lacerations of the chin-neck
 Multiple superficial abrasions.

ORDER OF
RECORDING

1. Chief Complaint
2. History of Present Illness
3. History of Past Illness
 - a) childhood
 - b) adult
 - c) operations
 - d) injuries
4. Family History
5. Social History
7. Signature
 - a) General
 - b) Skin
 - c) Head-Eyes-Ears-Nose-Throat
 - d) Neck
 - e) Respiratory
 - f) Cardiovascular
 - g) Gastrointestinal
 - h) Genito-urinary
 - i) Gynecological
 - j) Locomotor
 - k) Neuro-psychiatric
6. Systemic Review

This 22 yr old Arabian male was riding a race horse when it veered toward the fence and he fell off, causing the above-described injuries. He was brought in by ambulance. Clothing was removed and the above-described injuries noted and treated.

Eyes were irrigated with saline after 1% Pontocaine gtts. Neosporin ung.
 Chin laceration sutured

Spine, hand, shoulder Films reviewed by Dr. Deeb, most probably negative

Patient has never been to a doctor, no major previous injuries. No surgery, no major medical illness. Denies knowledge of TB or Cancer or diabetes.

System review is totally negative.

Background: has been in US for some years studying, apparently has finished college, but prefers riding horses, has aspirations to become a jockey.

Name-Last Sirhan, Mr. Sirhan	First	Middle	Hospital No. 7753
Room No.	Clinic or Service Surgical	Attending Physician R.A. Nelson, M.D.	

681

HISTORY

1-66-10001

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date 9-25-66 11:30 am a.m. Age 22 Sex Male Weight 116 Height 82
 Temp. 76 reg Resp. 116 82 Blood Pressure 116 82

ORDER OF
RECORDING

1. General
2. Skin
3. Eyes
4. Ears
5. Nose
6. Mouth
7. Throat
8. Neck
9. Chest
10. Heart
11. Abdomen
12. Genitalia
13. Lymphatic
14. Blood Vessels
15. Locomotor
16. Extremities
17. Neurological
18. Rectal
19. Vaginal
20. Diagnosis
21. Signature

General appearance:

Young adult dark-skinned male lying on a stretcher in severe pain, covered from head to toe with dirt. left eye is bleeding and he complains of pain in the shoulder. He is alert, nervous, but cooperative

Head: 7 mm laceration in left upper lid which is bleeding actively, with fairly large hematoma of the lid. Laceration is near medial canthus Pupils are equal, react normally. Both conjunctivae have a large amount of sand.

Face: no other injuries

Neck: 5 cm laceration of chin, compound, closed with 4-0 nylon sutures

Thorax: normal bony thorax, no palpable or x-ray evidence of fractured ribs. lungs clear, heart tones good, no murmurs

Abdomen: flat, no scars, no tenderness, no masses, no hernia noted.

Rectal not done

Genitalia normal to inspection and palpation.

Extremities

Right shoulder, also left, slight tenderness X-ray neg, superficial abrasion left hand has some contusion and slight discomfort -- films neg.

Lower extremities: normal normal, no evidence of trauma

Reflexes normal

Impression: Multiple external injuries as noted

Advise: Detailed emergency room care done/
Hospitalize for further treatment and observation.

Name--Last Sirhan, Mr. Sirhan First Mr. Middle Mr. Hospital No. 7488
 Room No. 21 Clinic or Service Surgery Attending Physician Richard A. Nelson, M.D.

Corona Community Hospital

DATE	Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patients
9-26-65	Dental Exam
	<p>multiple injuries are occurring since</p> <p><i>[Signature]</i></p>

PROGRESS RECORD. Name Seiphen Leach 683 Hosp. No. 7988
 MONTANA PRESS Form 100 2025 RELEASE UNDER E.O. 14176

Name-Last

First

Middle

Attending Physician

Hospital No. 7988
Location 215-1

SIXTH REPORT

FIFTH REPORT

FOURTH REPORT

584

This Laboratory Sheet For Micro Filming Purposes

Name Sirhan, Sirhan Ward or Room 215 Hosp. No. 7988
 Doctor Richard Nelson Lab. No. _____
 Specimen _____
 Kellmer-Wassermann _____ Kell _____
 Kline _____ Non-Reactive _____ Mazerit _____
 V.D.R.L. _____
 Blood Agglutinations: E. Typhi-O _____
 S. Para A _____ Para B _____
 P. Tolerance _____ Br. Abortus _____
 Other Tests _____

Date 9/23/66 Technician H. T. [Signature]
 SEROLOGY

Doctor Nelson, R. Lab. No. _____
 Color yellow Character clear Reaction 6+
 S. G. 1.013 W. B. C. 0-1
 Albumin 0 R. B. C. 0
 Sugar 0 Epi Cells few
 Acetone 0 Casts 0
 Diacetic _____ Bacteria 0
 Bile _____ Crystals 0
 Other Tests _____

Date 9-26-66 Technician [Signature]
 URINALYSIS

Name Sirhan, Sirhan Ward or Room 215 Hosp. No. _____
 Doctor Nelson, R. Lab. No. _____
 Color Index _____ Reticulocytes _____ Platelets _____
 Clotting Time _____ Bleeding Time 14.5
 R. B. C. _____ W. B. C. 5,460
 DIFFERENTIAL

POLYS.			EOSINS	BASO.	LYMPHS				MONOS.	MYELOS.			
Total	Non-Seg.	Seg.			Total	L	M	S		Total	N	E	B
		57	1		42								

 Sed. Rate _____ Cor. Sed. Rate _____ Hematocrit 43 Blood Vol. _____
 Remarks _____

Date 9-26-66 Technician [Signature]
 BLOOD (Morphology)

X-RAY
 FILM

DATE 7-26-66
 ROOM 1
 NAME SIRHAN, SIRHAN
 PT. NO. SIRHAN, SIRHAN
 DOCTOR Richardson Nelson
 AGE 21 1/2 SEX male X-RAY NO. 53591

Radiologic Consultation Request

EXAMINATION REQUESTED		EXAMINATION PERFORMED		CODE
Complete back and		T Spine		7207
THORACIC SPINE		Actual		7026
SKULL		Lt. Shoulder		7248
LEFT SHOULDER		Lt. Hand		7259
L Shoulder		Other views		7475
L Hand				

TO BE COMPLETED BY REQUISITIONER	PREVIOUS X-RAY HERE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WHEN?	RACE Arab.	HEIGHT 5'4"	WEIGHT 112	WALK <input type="checkbox"/> CART <input type="checkbox"/> CHAIR <input type="checkbox"/> PORTABLE <input type="checkbox"/>
-------------------------------------	---	-------	---------------	----------------	---------------	---

SUMMARY OF PERTINENT HISTORY - PHYSICAL FINDINGS - AND ALL PROVISIONAL DIAGNOSIS (TO BE COMPLETED BY REQUISITIONER)

fall off horse

FOR X-RAY DEPARTMENT USE ONLY	RADIOLOGIST PB	TECH.	DICTATED: 9-26-66	14 X 17 _____ 10 X 12 _____	DATE 7-26-66
			TRANSCRIBED: 9-26-66	11 X 14 _____ 8 X 10 _____	TIME 11:00 AM

REPORT OF RADIOLOGIST

SKULL: The examination of the skull shows the cranial pattern quite well. The information of a fall from a horse is reviewed. The films do not show evidence of depression or fracture. A prominent vascular pattern is suggested near the vertex. The sella turcica is normal and portions of the cervical spine is included.

LEFT SHOULDER: The examination of the left shoulder failed to show evidence of fracture or dislocation. The joint margins are preserved. Portions of the lungs and upper ribs are seen.

THORACIC AND LUMBAR SPINE: The examination of the thoracic and lumbar spine shows the vertebral bodies fairly well. On one view there is a questionable shadow involving T7 but this is not supported by other views and definite evidence of compression fracture is not seen. If the patient should have pain perhaps oblique views would be of value. The adjacent ribs incidently are seen and appear intact.

LUMBAR SPINE: The examination of the lumbar spine shows no compression of the vertebra or spaces. The transverse processes are quite well outlined. The lower ribs are seen. No major bone defect is visible. Portions of the pelvis and hip regions are included.

LEFT HAND: The examination of the left hand shows no fracture or dislocation.

CONCLUSION: No gross bone defect seen in the spine, left shoulder, left hand or skull.

685

CODE: PHD:pjp

SIGNED

Paul H. Deeb

M.D.

RADIOLOGIST

MOBART PRETS

Day P. O. or P. P.			Date			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.					
Date			9/25/60			9/26			9/27			9/28			9/29											
HOUR			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.		
			4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
PULSE (Red)	TEMPERATURE (Black)	150																								
		140																								
		130																								
		120																								
		110																								
		100																								
		90																								
		80																								
		70																								
		60																								
50																										
Respirations			16			16			16			16			16			16			16					
Blood Pressure			116/74			116/74			116/74			116/74			116/74			116/74			116/74					

MEDICATIONS	DOSE	METHOD	12 1 2 3 4 5 6 7 8 9 10 11 12												1 2 3 4 5 6 7 8 9 10 11 12												PRICE
			12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	
Necaparin	1/2	3-4																									
Epib. out	1/2	3-4																									
Amoxicillin	1/2	3-4																									
Distal	1/2	3-4																									
NARCOTICS																											
STAT MEDICATIONS																											
SIGNATURE OF MEDICATION NURSE			11-730 X																								
LAST NAME			1- Siehan, Siehan																								
HOSPITAL NO			1988																								
ATTENDING PHYSICIAN			R. Nelson																								

CORONA COMMUNITY HOSPITAL
CORONA, CALIFORNIA

Do not write above this line or on back of page.

Date	Hour	Description of Patient's Condition. Do not chart routine TPR, routine care, or Rx on this form.	Nurse's Signature
9/25/66	12 ³⁰	Twenty-two year old male admitted weight 5'4", weight 110 lbs, BP 104/64 T-98° P-68 R-16.	
	2 ⁰⁰	BP 110/60 P-68 R-16. Appears to be sleeping. Dro. pack to L. Eye. Dr. Nelson	H. Dargatzis, RN
4-25	6 ⁰⁰	Continues to be very drowsy. C/o head pain. Face washed & phisohex eye patch Replaced. Two pack to nose.	
	8 ⁰⁰	Appt. barbiturate. Voided.	
	10 ⁰⁰	Eye patch changed. Moderate amount of bleeding.	6-Redington RN
		9-26-66	
11-7		Local "glue" placed on left eye for pressure relief. Slaps slightly to be compliant.	H. Dargatzis RN
7-3		Full lig. diet - Also well - Neoparin inst. in both eyes and eye patch replaced - on left eye x 2 - Dr. Nelson in - A.M. Case Patient's present condition is good in improved condition -	G. W. Mottley

NURSES' NOTES

Name

Sirhan, Sirhan

688a

Room No.

7958

2025 RELEASE UNDER E.O. 14176

FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

ARLENE CANCEL, Secretary to Doctor MILTON A. MILLER, Optometrist, 824 South Main, Corona, advised that she recalled SIRHAN SIRHAN come into this office for treatment. She recalled very little about him except he was a very nervous and impatient type of patient.

689

On 6/5/68 at Corona, California File # Los Angeles 56-156

SA LANFORD L. BLANTON/mdm Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

MILTON A. MILLER, Medical Doctor, Optometrist, 824 South Main, Corona, California, advised that SIRHAN SIRHAN had been first seen at his office on November 8, 1966, for an eye injury and gave the history of being thrown from a horse while working as an exercise boy.

SIRHAN gave the history of being thrown from a horse while working at one of the local farms. He was referred to Doctor MILLER by a General Practitioner, Doctor RICHARD A. NELSON. He examined the eye of SIRHAN and noted in his records that SIRHAN seemed to exaggerate his injuries, that 20-20 vision was found in both eyes and that there was a small view of vision in the left eye that might have been restricted in a slight way. He saw him again on November 14, 1966, November 22, 1966, and December 20, 1966. Doctor MILLER noted in his records on December 20, 1966, that he believes that SIRHAN was a malingerer. When he last saw SIRHAN on December 20, 1966, SIRHAN told him he was no longer employed in this area and was living in Pasadena. Doctor MILLER referred him to a Doctor KOEHN in Pasadena and stated that he was glad that he was no longer in this area. He said he told SIRHAN that he could not write a letter to his insurance company, stating that his injury was not of a nature wherein he should collect compensation. He advised that SIRHAN appeared very angry and nervous, but that he had no discussions with him and recalled no conversations in the office with SIRHAN. He does recall that after he had seen him on the last occasion, December 20, 1966, at approximately two hours later, he received a telephone call from SIRHAN. SIRHAN told him something to the effect that if he did not do what he wanted him to, he would "get him". SIRHAN did not say how he would get him and did not give Doctor MILLER time to answer him but hung up the telephone. Doctor MILLER said he did not make a report of this to the police department as he merely passed it off as an angry young man and besides, he noted that SIRHAN did not say how he would get him.

690

On 6/5/68 at Corona, California File # Los Angeles 56 -156

SA LANFORD L. BLANTON/mdm Date dictated 6/7/68

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1

FEDERAL BUREAU OF INVESTIGATION

6/7/68

Date _____

E. GORDON KIEHN, M.D., Eye Physician and Surgeon, Suite 203, 48 North El Molino Avenue, Pasadena, was interviewed concerning his knowledge of SIRHAN SIRHAN. KIEHN was advised of the identity of the interviewing agent and he stated that he had treated SIRHAN for a work related eye injury sustained on or about September 24, 1966.

SIRHAN SIRHAN, 696 East Howard Street, Pasadena, California, telephone No. SY 8-2136, [REDACTED] [REDACTED] [REDACTED] came to his office on February 21, 1967, having been referred by Dr. MILTON A. MILLER of Ontario, California. SIRHAN exercised horses at the Granja Vista Del Rio Ranch (Altfillisch Construction Company), 13200 Citrus, Corona, California, and on or about September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. SIRHAN thought he was unconscious for a brief time and he was treated at the Corona Community Hospital by a Dr. RICHARD A. NELSON and the wounds around the eye and chin were sutured. Four days later the sutures were removed.

SIRHAN reportedly suffered a brief injury again a few days after the initial injury and the wound edge separated a little bit. SIRHAN was unaware of any eye problems until he began exercising the horses again at which time he had to move his head from left to right in order to see well on either side. This was especially noticeable in the left eye.

Because of his eye complaints, he was referred to Dr. NELSON of Corona, California, and following this to Dr. MILTON A. MILLER of Ontario, California.

SIRHAN complained of twitching of the left eyelid when he looks to the left, wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, or other complaints except that of a persistent pain in the superior nasal aspect of the left orbit.

- 691 -

On 6/5/68 at Pasadena, California File # Los Angeles 56-156
by WA WILLIAM G. ATHERTON/sdb/HMS Date dictated 6/7/68

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²
LA 56-156

Dr. KIEHN stated that he found SIRHAN's vision to be 20-20 in either eye uncorrected and he had no significant injuries to the eye. X-rays were negative.

He stated that he regarded the injury as having functional overlay as the injury was not as serious as SIRHAN believed.

He described SIRHAN as fairly neat and clean in appearance and the aesthetic type with frail features.

He said that SIRHAN at times was very affable and pleasant but he could also be very disturbed at times. He stated that he saw SIRHAN twice a month after February 1967 through April and then SIRHAN did not show up for about six months. He stated that in the meantime SIRHAN had seen Dr. FORREST L. JOHNSON and Dr. ALBERT TASHMA.

He stated that from October through December he saw SIRHAN about once a week to put drops in his eye which seemed to alleviate the pain.

He stated that SIRHAN never discussed politics with him and he knew little of his background.

Dr. KIEHN advised that as a result of his contact with SIRHAN he did not consider him a stable person and believes that he could be influenced by others.

He stated that Dr. MILLER told him that SIRHAN had made some type of threat over an insurance report for the eye injury. He stated that he believes SIRHAN mentioned that he "would take care of him" (Dr. MILLER) if he did not write a favorable report.

FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

MAURICE W. NUGENT, Ophthalmologist, 726 Malcolm Avenue, Los Angeles, California, after being advised of the identity of the interviewing agent, was interviewed at his residence concerning SIRHAN B. SIRHAN, 696 East Howard Street, Pasadena, California, an employee of Granja Vista Del Rio Ranch, 1300 Citrus, Corona, California. The employer's insurance carrier is Argonaut Insurance Company, 443 Shatto Place, Los Angeles, California.

Dr. NUGENT advised that SIRHAN was referred to him by ANNE P. TOOMER, Attorney, 16 North Marengo Avenue, Pasadena, California, for examination relative to an industrial injury sustained on about September 24, 1966.

Dr. NUGENT examined SIRHAN on October 10, 1967. SIRHAN advised that he had been thrown from a horse on or about September 24, 1966 at Corona, California, and he believed that he was thrown into a fence. He stated that he was unconscious for a short time and regained consciousness in the Corona Community Hospital while his facial lacerations were being ~~sutured~~ sutured. He stayed in the hospital overnight and was released and about one week later he returned to the hospital for the removal of the sutures.

He returned to work at the Granja Vista Del Rio Ranch about two weeks later and then noted poor movement in his left eye with a feeling of tension and pain.

Dr. NUGENT's examination reflected that SIRHAN's vision was 20-15, or better than normal in each eye without correction.

In the area towards the nose, the left upper eye lid showed a very small scar remnant which had healed exceptionally well.

693

6/5/68

Los Angeles, California

File # Los Angeles 56-156

SA WILLIAM G. ATHERTON/sdb

6/7/68

by

Date dictated

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2
LA 56-156

Dr. NUGENT concluded that SIRHAN had a most excellent pair of eyes and . most excellent surgical results of a repair of his laceration in the nasal end of the left upper eye lid and there was no indication whatsoever of further treatment or complications or resultant disabilities. The eye examination showed no defect of the interior eyes nor any localization of any central nervous system defect.

Dr. NUGENT advised that SIRHAN impressed him as a very pleasant and cooperative young man.

He stated that SIRHAN did not discuss his political beliefs and he had no additional knowledge of SIRHAN's background.

Dr. NUGENT advised that he believes that SIRHAN had obtained the services of Attorney TOOMER to assist him in a workmen's compensation case as a result of the eye injury sustained while employed at the ranch.

He stated that SIRHAN impressed him as being unusually cooperative and pleasant in spite of the fact that his examination had reflected no physical defects.

FEDERAL BUREAU OF INVESTIGATION

Date 6/7/681

On June 5, 1968, FRANK STASIK, Miller and Ames Insurance Company, 3600 West Wilshire Boulevard, Los Angeles, California, advised that SIRHAN SIRHAN, address care of Route No. 1, Box 159 B, Corona, California, was employed as a horse exercise boy for BERT ALTFILLISCH, 13200 Citrus Avenue, Norco, California. On September 25, 1966, he fell from a horse, was injured, and submitted a medical insurance claim under policy No. 20-210-056370, claim No. 02 X 203445. Mr. STASIK advised that SIRHAN was apparently not seriously injured and he was treated by Dr. RICHARD A. NELSON, Hamner Street, Norco, California. STASIK further advised that more details could be obtained through the Argonaut Insurance Company, 443 Shatto Place, Los Angeles, as the Argonaut Insurance Company had the policy on SIRHAN.

695

On 6/5/68 at Los Angeles, California File # Los Angeles 56-156

by SA FREDERICK E. BECKER/jae Date dictated 6/7/68

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FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Mr. MEL VINYARD, Vice President, Argonaut Insurance Company, 443 Shatto Place, made available his insurance company's file pertaining to SIRHAN SIRHAN, a xerox copy of which is attached.

696

On 6/5/68 at Los Angeles, California File # LA 56-156

by SA FREDERICK E. BECKER/kaf Date dictated 6/8/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

[illegible]

POLICY NUMBER						CLAIM NUMBER				
CO.	INCURRED DATE	LTR	DT.	DR.	INC/YR	SERIAL	DR.	LTR	SERIAL	CLASS.
1	10-07-66	000	C4	20	210	056370	02	X	203465	0037
ALTFILLISCH CONSTRUCTION CO., INC. Box 159B Rt. 1, Corona, Calif.										EXP. ADJ.
Miller & Ares of Calif. 3625 W. 6th St. Los Angeles, Calif.						ACC. DATE	TYPE	EXT.	NCI	PROG. CODE
						09-25-66	0	3	0	5715
						01-01-66-67	POL. YEAR			
SIRHAN, SIRHAN c/o Rt. 1 Box 159B Corona, California						CLAIMANT NAME ADDRESS		PART CAUSE		
lac. up chin bk						NATURE		thrown off horse		
Norco, Calif.						LOCATION		DOCTOR		
Richard A. Nelson Harner St., Norco, Calif.						ADDRESS				
INDemnITY	2200	00	MEDICAL	250	00	ALLOC.	250	00	TOTAL	2700
						COMPEMATION		RESERVED		

CLAIM CLOSING ADVICE

TO TABULATING DEPARTMENT

	OLD RESERVE	NEW RESERVE
Indemnity	\$ 2200	\$ 2000.00
Medical	750	790.85
Allocated	350	343.40
Total	\$ 3300	\$ 3,134.25
Date	4-12-68	Division

CLM-340

2025 RELEASE UNDER E.O. 14176

MCLAUGHLIN, EVANS, DALBEY & CUMMING
ATTORNEYS AT LAW
1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028

JOHN F. MCLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING
HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

AREA CODE 213
TELEPHONE
466-0541

April 1, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

Re: Your Claim No. 02X-203445
Sirhan Sirhan vs. Altfillisch Construction Company,
Inc.

SERVICES RENDERED:

Review of the file; preparation and
filing of Answer to the Application;
conference with the sub rosa investigator
and review of pictures; trial and
appearance before the Workmen's Compensation
Appeals Board at Los Angeles on February 7,
1968; settlement negotiations; preparation
and filing and serving of a Compromise and
Release Agreement; closing report.

\$170.00

COSTS:

Photostats

3.00

APR 15 1968
CHK. NO. 263280
AMOUNT \$ 173.00

TOTAL:

\$173.00

OK to pay &
close

4/12/68

McLAUGHLIN, EVANS, DALBEY & CUMMING
ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213
TELEPHONE
466-8541

JOHN F. McLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING
HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

April 1, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

Attention: J. D. Stiner, Claims Examiner

Re: Your Claim No. 02X-203445
Sirhan Sirhan vs. Altfillisch Construction Company,
Inc.

Dear Sirs:

The Referee has approved the Compromise and Release Agreement in the above-entitled matter and has ordered distribution at \$1,705.00 to the applicant, \$200.00 to his attorneys, \$50.00 to Dr. Maurice W. Nugent and \$45.00 to Leonard J. Yamshon, M.D.

The Order of the Referee should be complied with by your company.

We are at this point closing our file and submitting our statement for services rendered.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

John F. McLaughlin

By: John F. McLaughlin

JFM:cjz
Enclosure

4/17/8
12

COMPUTATION OF AWARD

CLAIMANT <i>Li Han Li Han</i>		DATE INJ. <i>9-25-66</i>		CLAIM NO. <i>225-445</i>	
TYPE OF AWARD	A	TEMP. TOTAL DIS.	NO. WEEKS AWARDED		\$
TEMP.	B	TEMP. PARTIAL	NO. WEEKS AWARDED		\$
P.D.	C	PERM. DISABILITY	%	WEEKS AWARDED	\$
DEATH	D	DEATH BENEFIT	\$	BURIAL \$	\$
SETTLE.	E	SETTLEMENT	<i>W.B. of 3-27-1967</i>		<i>\$2,000.-</i>
CONTIN.	F	MEDICAL			\$
	G	LEGAL			\$
	H	GROSS LIABILITY			<i>\$2,000 -</i>
DUE CLAIMANT TO DATE PER IAC					\$

TEMP. DIS.	WEEKLY RATE	FROM	TO	\$
TEMP. PARTIAL	WEEKLY RATE	FROM	TO	\$
PERM. DIS.	WEEKLY RATE	FROM	TO	\$
DEATH BENEFIT	WEEKLY RATE	FROM	TO	\$

SETTLEMENT	<i>1047</i>	<i>\$2,000 -</i>
ATTORNEY NAME & ADDRESS	<i>Sakner & Toomer</i> <i>167 North Marcy Ave.</i> <i>Pasadena, California</i>	
GROSS DUE NOW	\$	
LESS PREV. PAID	\$	
SUB-TOTAL	\$	
LESS ADVANCES	\$	
SUB-TOTAL	\$	

CHECK # <i>262017</i>	LESS ATTORNEY FEE	\$ <i>200 -</i>
PAYEE & ADDRESS <i>Marice W. Trugent, MD</i>	SUB-TOTAL	\$
<i>1127 Wilshire Blvd</i>	LESS U.C.D.	\$ <i>50.-</i>
<i>LA California</i>	SUB-TOTAL	\$
PAYEE & ADDRESS <i>Edward Johnston, MD</i>	LESS	\$ <i>15.-</i>
<i>224 N. Laramie, LA</i>	SUB-TOTAL	\$
PAYEE & ADDRESS	LESS	\$
CHECK #	LESS	\$

SELF-PROCURED MEDICAL	PAY AS	COMP.	MED.	BALANCE DUE CLAIMANT	<i>\$1,725.-</i>
\$	CHECK #				
CLERK & DATE	EXAMINER & DATE	CHECK # <i>262013</i>			CLM-376-R2

203445

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

SIRHAN B. SIRHAN,

Applicant

vs.

ALTFILLISCH CONSTRUCTION
COMPANY, a corporation;
ARCONAUT INSURANCE COMPANY,
a corporation,

Defendants

CASE No. 67 LA 312-144

**Order Approving
Compromise and Release**

The parties to the above-entitled action have filed a Compromise and Release herein, on March 15, 1958 settling this case for \$ 2,000.00 in addition to all sums which may have been paid previously, and requesting that it be approved; and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved; and,

IT IS ORDERED that said Compromise and Release is approved.

Award is made in favor of: **SIRHAN B. SIRHAN**

Against: **ARCONAUT INSURANCE CO., a corporation, of \$2,000.00,**

Payable as follows: \$1,705.00 to applicant

200.00 to Palmer & Toomer, attorneys

50.00 to Maurice W. Nugent, M.D.

45.00 to Leonard J. Yazahon, M.D.

DATED AT LOS ANGELES, CALIFORNIA

March 27, 1958

(9 2 A 1)

OK To pay

ERNEST A. LACKMANN

Relator, WORKMEN'S COMPENSATION APPEALS BOARD

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD

Date: 3-27-58 By: E. [signature]

McLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028
(213) 466-8541

JOHN F. McLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING

HAROLD J. DENNETT

NED L. GAYLORD

JOHN F. BARTOS

GEORGE R. HASWELL

ALLAN R. SCHUMMER

ROBERT H. GILLHAM

March 13, 1968

Workmen's Compensation Appeals Board
107 South Broadway
Los Angeles, California

Re: SIRHAN SIRHAN vs. ALTFILLICH CONSTRUCTION COMPANY
WCAB File No. 67 LA 312 144
Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- (XXX) Attached please find duly-executed Compromise & Release for your approval.
- () Request is hereby made for further hearing to permit cross-examination of
and presentation of rebuttal evidence.
- () Please enter our appearance as attorneys for
- () Please set case for trial as there are now issues in contest.
- () Attached for filing herein are:

Copies to:
Palmer & Toomer
16 No. Marengo Ave.
Pasadena, California

Argonaut Insurance Company
#02X-293445 L.A.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

By:


John F. McLaughlin

704

ss

INSTRUCTIONS

1. Do not use this form in death cases. Use Form 16. Do not use in third-party cases. Use 17.
2. If the injured employee be under 21 years of age and a guardian ad litem has not been previously appointed, a petition for appointment of guardian ad litem and trustee must accompany this agreement.
3. The guardian must sign this agreement on behalf of an injured employee who is under 21 years of age. If the minor is above the age of 14, such minor should also sign this agreement.
4. Attach all medical reports not heretofore submitted to the Workmen's Compensation Appeals Board and advise when other reports were filed.

WORKMEN'S COMPENSATION APPEALS BOARD DIVISION OF INDUSTRIAL ACCIDENTS DEPARTMENT OF INDUSTRIAL RELATIONS STATE OF CALIFORNIA

COMPROMISE AND RELEASE

CASE NO. 67 LA 312-144

SOCIAL SECURITY NO. [REDACTED]

(Mr.) (Mrs.) (Miss)

B. SIRHAN/SIRHAN

VS.

APPLICANT

696 East Howard

Pasadena, California

ADDRESS

P.O. Box 159B-Route 1

Corona, California

ADDRESS

443 Shatto Place

Los Angeles, California

ADDRESS

ALTEILICH CONSTRUCTION COMPANY

CORRECT NAME OF EMPLOYER

ARGONAUT INSURANCE COMPANY

CORRECT NAME OF INSURANCE CARRIER

The parties hereto, for the purpose of compromise only, hereby submit the following agreed statements of fact:

1. SIRHAN SIRHAN, employee herein, born on March 19th of 1944 claims that he was employed on the 25th day of September 1966 at Corona, California as an on-call boy by Alteilich Construction Company then insured as to workmen's compensation liability by Argonaut Insurance Company and that he sustained an injury arising out of and in the course of his employment as follows: He was thrown off of a horse while exercising the horse at the track resulting in multiple injuries to the head, face, left eye and lower back.

2. The actual monthly wages of the employee at the time of injury were \$ 375.00 a month while the average weekly wages were \$ _____.

3. The employee's present disability is in dispute and the employee has returned to work _____.

4. (a) Temporary disability indemnity has been paid to the employee in the sum of \$ none at \$ _____ per week beginning _____ to and including _____. The amount due and unpaid to the employee is \$ _____.
- (b) Permanent disability indemnity has been paid to the employee in the sum of \$ none covering period _____ to _____.

5. The parties hereby agree to settle any and all claims on account of said injury by the payment of the sum of \$ 2,000.00 in addition to any sums heretofore paid by the employer or the insurer to the employee, said sum to be payable as follows:

In one lump sum to the applicant, less lien claim of Dr. Maurice W. Nugent in the sum of \$50.00 and Dr. Leonard Yarchon in the sum of \$45.00, less attorney fees of \$100.00.

6. Medical and hospital expenses have been paid \$ none by the employee and \$ all by the employer or carrier. Unpaid bills amount to \$ none. Future medical and hospital expense is estimated at \$ none. Unpaid and future medical and hospital expense is to be assumed as follows: Any unauthorized by defendants to be

paid by applicant and all future medical and hospital expenses to be paid by the applicant.

705

7. Name and address of employee's attorney, if any ~~Palmer and Toomer, 16 North Marango, Pasadena~~

8. Said attorney requests a fee of \$ 200.00. Amount of attorney fee previously paid, if any, \$ None

9. Reason for Compromise A dispute exists as to the residuals of the applicant's personal disabilities and the parties have had the advice of the informal rating of the Appeals Board and this is primarily predicated upon a compromise between the various ratings. All parties desire to avoid the hazards of litigation and the defendants desire to buy their peace.

10. The undersigned request that this Compromise Agreement and Release be approved.

11. Upon approval of this Compromise Agreement by the Workmen's Compensation Appeals Board or a Referee, and payment in accordance with the provisions hereof, said employee releases and forever discharges said employer and insurance carrier from all claims and causes of action, whether now known or ascertained, or which may hereafter arise or develop as a result of said injury, including any and all liability of said employer and said insurance carrier and each of them to the dependents, heirs, executors, representatives, administrators or assigns of said employee.

12. It is agreed by all parties hereto that the filing of this document is the filing of an application on behalf of the employee, and that the W.C.A.B. may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein, and that if hearing is held with this document used as an application the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the W.C.A.B. may thereafter either approve said Compromise Agreement and Release or disapprove the same and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

13. For the purpose of determining the lien claim filed herein for the unemployment compensation disability benefits which have been paid under or pursuant to the California Unemployment Insurance Code, the parties propose the following division of the sum agreed upon for settlement and release of this case:

\$_____ for temporary disability covering the period _____ to _____
 \$_____ for accrued medical expense paid or incurred by the employee.
 \$_____ for future medical care,
 \$_____ for permanent disability.

(The above segregation must be fair and reasonable and must be based on the real facts of the case. There should be no attempt made to deprive the lien claimant of a reasonable recovery consistent with all the amounts involved.)

Witness the signature hereof this 12 day of March, 19 68, at Pasadena, California

SIRHAN B SIRHAN
SIRHAN SIRHAN, Applicant
By: W. Palmer & T. Tocher
PALMER & TOCHER, Attys for Applicant

ALTFILLION CONSTRUCTION COMPANY &
ARGONAUT INSURANCE COMPANY by
McLAUGHLIN, EVANS, DALZEY & CUBBING
BY: *[Signature]*
John F. McLaughlin

WITNESSES

THE INJURED APPLICANT'S SIGNATURE MUST BE ATTESTED BY TWO
DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF CALIFORNIA

County of Los Angeles

On this 12th day of March A.D. 1968 before me, the undersigned
a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appears:

Sirhan B. Sirhan
known to me to be the person whose name is
subscribed to the within instrument, and acknowledged to me that he executed the same.

In WILSON WILSON, I have hereunto set my hand and affixed my official seal, the day and year in this Certificate first above written.

ANDERSON

Notary Public in and for said County and State of N.Y.

706

MCLAUGHLIN, EVANS, DALBEY & CUMMING
ATTORNEYS AT LAW
1717 NORTH HIGHLAND AVENUE, SUITE 710
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213
TELEPHONE
466-8541

JOHN F. MCLAUGHLIN
BARRY F. EVANS
WM. BLAIR DALBEY
RAY B. CUMMING
HAROLD J. BENNETT
NED L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

March 10, 1968

Argonaut Insurance Company
443 Shatto Place
Los Angeles, California

ATTENTION: J. D. Stiner - Claims Examiner

RE: Claim Number: 02X-203445
Sirhan Sirhan vs. Altfillich Construction Company, Inc.

Dear Sirs:

The above matter came on for further hearing before Referee Ernest Lachmann at Los Angeles on February 7th of 1968. The applicant was present and represented by his attorney.

The issues were:

- (1) Disability
- (2) Apportionment
- (3) Lien claim of the various doctors
- (4) Reimbursement under 4600 of the Labor Code
- (5) Need for further medical treatment

Settlement negotiations were undertaken at the suggestion of the Referee and an offer of settlement was made at the sum of \$2,500.00 which after consultation with your company, was rejected.

The matter was then taken at the Referee's suggestion to the Permanent Disability Rating Bureau where the Permanent Disability Rating Expert, Daniel Lucien rated the matter at 1% for the scar on the chin and the eyes on the report of your doctor, Dr. Albori, and upon Dr. Yamshon's report, the case rated 15% plus the 1% or a total of 16%.

After further settlement negotiations, it was finally agreed to settle the case for the sum of \$2,000.00. The applicant apparently is still being treated by Dr. Kiehn to whom your company sent him for an examination and who apparently continued to treat him. It was agreed that we would assume in addition to the \$2,000.00, the amount of the doctor's

Argonaut Insurance Company
Page Two
March 10, 1968
ATTENTION: J. D. Stiner

RE: SIRHAN SIRHAN

bill. This was discussed with your Miss Jean Stiner and based upon the recommendation of this office and concurrence of your company, it was agreed to settle the case for \$2,000.00.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING


By: John F. McLaughlin

JFM:ic

GORDON KIEHN, M.D.

EYE PHYSICIAN & SURGEON

48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

REG. NO. 8423

TEL. 449-6494

CALIFORNIA STATE LICENSE NO. O-A-14113

*

Argonaut Insurance Companies
1001 Wilshire Blvd.
Los Angeles, California

Re: Mr. Sirhan Sirhan

DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE - CANCELLED CHECK IS YOUR RECEIPT

DATE	R.V.S.*	SERVICE CODE	FEES	CREDITS	BALANCE
				PREVIOUS BALANCE	
10-27-67	5400		\$27.50		
10-27-67	0001		16.50		
11-10-67	9004		5.50		
11-17-67	9004		5.50		
11-24-67	9004		5.50		
12-4-67	9004		5.50		
12-11-67	9004		5.50		
12-18-67	9004		5.50		
1-2-68	9004		5.50		
1-16-68	9004		5.50		
1-23-68	9004		5.50		
11-3-67	9004		5.50		
				55021	\$99.00

E. GORDON KIEHN, M.D.

48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

PAY LAST
AMOUNT IN
THIS COLUMN

EXPLANATION OF SERVICE CODE:

9000 Initial Office Visit
9001 Initial Office, Diagnostic
9004 Return Visit-Treatment
9005 Office Visit, Special
9010 Home Visit
9014 Follow Up Home Visit
9020 Initial Hospital Visit
9024 Follow Up Hospital Visit
9074 Office Visit, Night Holiday
9029 Consultation
9031 Consultation by Report
5400 Eye Exam Refraction
5402 Gonioscopy
5406 Orthoptic Evaluation
5408 Visual Fields
5409 Tonography
5410 Glaucoma Provocative,
Mydriatic Study
5412 Fitting Contact Lenses

SURGERY

5420 Goniotomy
5421 Enucleation
5431 Suture of Globe
5443 Foreign Body Removal
Cornea under Skt Lamp
5457 Perforium
5472 Keratoplasty Penetrating
5481 Suture of Perf. Cornea
5491 Sclerotomy IO Foreign Body
5495 Posterior Sclerotomy
5521 Repair Scleral Wound
5541 Excision Iris Lesion
5544 Iridectomy
5561 Repair Protopsed Iris
5571 Iridenceisis
5580 Cyclotherapy
5582 Cycloclialysis
5611 Cataract Extraction

5630 Retina Reattachment
5641 Muscle Surgery
5691 I&D Lid Abcess
5702 Chelazion
5727 Blepharoptosis Repair
5730 Cautery Puncture Entropion
5731 Entropion Repair
5732 Entropion Repair
5743 Suture of Conjunctiva
5753 Excision Conj. Lesion
5775 Conj. Flap Operation
5821 Conj. Nodulocystic
Duct
5831 Plastic Repair of
Canalicula
5833 Dacryocystorhinostomy
5846 Probing of Irrig.
of Canaliculus
6993 Assist at Surgery

* RVS column for Insurance Purposes Only

709

DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.

Monthly statements are **POSITIVELY** required on cases under treatment.

Mail to Argonaut Insurance Companies Address 1001 Wilshire Blvd. L.A.

Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Altfillisch Const. Company

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY, 9-24-66

SERVICES FOR MONTH OF 10, 11, 12-67
1-68.

Patient refused treatment. 19

Patient stopped treatment

without orders _____ 19__

Patient entered hospital: _____, 19____

Patient able to return to work _____, 19____

Patient discharged as cured _____ 19____

Condition at time of last visit. See attached report.

Any other charges authorized such as Drugs? _____ Hospital? _____
(Check) (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

[illegible]**Totals**

First aid treatment (describe) _____ \$ _____

Office Visits. Please see attached billing. \$

Home Visits _____ \$ _____

Hospital Visits _____ \$ _____

Operations

MATERIAL (itemized at cost) _____ \$ _____

TOTAL \$ \$99.00

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor E. Gordon Klehn, M.D.

Signature [Signature]

Address: 48 N. El Molino Ave., Suite 203
Pasadena, California 91101

Date 2-15-68

710

E. Gordon Kiehn, M.D.

SUITE 203

48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101

TELEPHONE 449-6494.

February 15, 1968

Argonaut Insurance Companies
1001 Wilshire Blvd.
Los Angeles, California

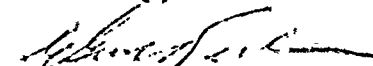
Re: Mr. Sirhan Sirhan

Gentlemen:

Thank you for the reports of Dr. Tashma and others regarding this interesting patient. I must admit that I will have to agree with Dr. Tashma regarding the functional overlay in this particular patient. However in re-checking him and seeing what his situation was I found that he had a loss of accomodative power in the left eye of approximately two to three diopters. I felt that possibly some of the pain in the left eye was due to a spasm of accomodation and in order to test this out I placed him on drops of Hyocine $\frac{1}{2}\%$. When it was found that this indeed helped his pain I placed him on this, putting a drop in at weekly intervals and then stopping the drop and seeing how he got along. His pain was relieved a great deal but recently he has again started having a little bit of it so he was placed on another drop of Hyocine. I think that the time interval between drops is gradually decreasing and it should not be long before he would be completely off of that medication. The small tight band toward the inner part of the eyelid in the epicanthal fold is a problem apparently which bothers him but which I have been unable to really adequately evaluate. It is difficult to separate that which is functional and that which is real in this patient. I would suggest that in order to be absolutely sure it might be well for him to see an ophthalmic plastic surgeon, someone like Dr. Hartman in Los Angeles.

I trust this will give you an interim report on this patient, and I am hoping that soon he will be able to get back to work.

Sincerely,


E. Gordon Kiehn, M.D.

EGK:ra
Encl

711