

GEORGE H. PATTERSON, M.D.

FORREST L. JOHNSON, M.D.

1052 WEST SIXTH STREET

LOS ANGELES 17

NEUROLOGICAL SURGERY

HUNTLEY 2-8242

6 September 1967

Argonaut Insurance Company
443 South Shatto Place
Los Angeles, California 90005

Attention: Miss Stiner

Re: SIRHAN, Sirhan B.
No: 02X 203445
Er: Altfillisch Constr. Co.
d/a: 9/25/66

Dear Sir:

This is a report concerning Mr. Sirhan Sirhan, a 23-year-old, right-handed male seen in my office on September 5, 1967.

CHIEF COMPLAINT: Discomfort of chin, left eye and low back.

PRESENT ILLNESS: On September 25, 1966, while at work, the patient was thrown from a horse. The patient reports he was unconscious for an unknown period of time. He reports that he was taken to a hospital by ambulance and started regaining consciousness while his wounds were being stitched. The patient was hospitalized overnight. He states that they wanted him to stay longer but he did not like the idea. The patient returned to the doctor about a week later to have the sutures removed and was told that he should stay off work for ten to fourteen days. When the patient returned to work, he worked around the barn for about two weeks and then resumed his work as an exercise boy. He states that on resuming this work, he noted increased discomfort, particularly around the left eye and also low back discomfort. He was subsequently seen by the doctor who had originally treated him and then was referred to two other doctors. Because the patient had subsequently moved to his home in Pasadena, he was then referred to Dr. Kiehn in Pasadena. Sometime in November 1966, the patient was discharged from his job because he felt that he was unable to physically work the hours on the job that were required of him. The patient reports that he has not been working since his discharge from that employment.

The patient states he has noted no particular change in his symptoms in the last few months. He describes the left eye complaints as being waves of pain in the eye itself and a tight sensation in the skin around the left eye.

He reports a persistent pain under his chin and a feeling of tightness of the skin under his chin that interferes with his shaving. The patient reports that he has back pain all the time, but this is increased with bending movements or with lifting even minimal weights. Patient has noted no accentuation of back pain with coughing or sneezing. He reports no lower extremity pain.

PAST HISTORY: No operations. No previous hospitalizations. No serious illnesses. No other accidents or injuries. No allergens known.

PHYSICAL EXAMINATION: The patient is a small, thin male not in acute distress.

Blood Pressure: 120/70 RAS, 120/70 LAS.

Head: There is a small, well-healed scar near the inner canthus of the left eye and some slight prominence in the medial aspect of the left supraorbital ridge. The patient reports tenderness on palpation in this region of the supra-orbital ridge.

Neck: Supple.

Chest: Clear to percussion and auscultation.

Heart: Regular sinus rhythm. No murmurs heard.

Extremities: No gross deformities.

NEUROLOGICAL EXAMINATION:

Sensorium: Patient is alert, oriented and cooperative. *

Cranial Nerves:

- I Essence of peppermint perceived bilaterally.
- II Patient reports a general constriction of the left visual fields that is not consistent to the confrontation testing. The optic discs appeared normal bilaterally.
- III, IV, VI Extra-ocular movements were intact. I found no nystagmus.
- V Patient variably reported hyperesthesia over the right chin.
- VII Facial movements were unimpaired. Corneal reflex was present bilaterally.
- VIII Faint watch tick was heard bilaterally.
- IX, X Palate elevated in midline. There was no impairment of phonation or swallowing.
- XI No deficit noted.
- XII Tongue protruded in midline.

Sensory Examination: Pin wheel, cotton wisp and vibration were perceived throughout.

Motor Examination: No specific weakness was found.

Argonaut Insurance Company
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Re: SIRHAN, Sirhan B.

Cerebellar Examination: There is no nystagmus. There is no ataxia. Tandem walk is well performed.

Reflexes: Tendon and superficial reflexes were active and equal bilaterally. I found no pathological toe signs.

Back Examination: Patient reports tenderness on palpation over the lower three lumbar spines. There appears to be slight paraspinous muscle spasm in the lumbar region. Back movements were carried out through an essentially normal range, the patient reporting low back pain at the extremes of these movements. Forward bending is accomplished to a point at which the fingertips touch the toes. Straight leg raising is accomplished to 85 degrees bilaterally, the patient at this time reporting low back pain.

IMPRESSION AND COMMENT: The patient reports that he was unconscious at the time of his injury, although the medical reports that I had available for review did not verify this. At any rate, I found no evidence of a neurological problem at this time. The patient reports discomfort in the region of the facial scars. I believe there is a significant functional overlay that tends to magnify these complaints. The patient reportedly sustained a contusion of his back at the time of his injury and currently has complaints of pain in his low back. Arrangements were made for lumbar spine films, and I have asked the patient to return in about one month for re-examination. I believe the patient should be seen again by Dr. Kiehn for his re-evaluation relative to the scars and the complaints involving the left eye. I believe the patient is capable of returning to work as a stable boy at this time.

Yours very truly,

FORREST L. JOHNSON, M. D.

FLJ/nsk

GOOD SAMARITAN RADIOLOGICAL MEDICAL GROUP

HOSPITAL OF THE GOOD SAMARITAN

DEPARTMENT OF RADIOLOGY

1212 CHATTO STREET

LOS ANGELES, CALIFORNIA 90017

JOHN D. CAMP, M.D.
ROBERT E. RICKENBERG, M.D.
DUANE I. GILLUM, M.D.
JOHN D. CAMP, JR., M.D.
ROBERT E. LEVIS, M.D.

PAUL H. MEADOWS, M.D.
RADIATION THERAPY AND NUCLEAR MEDICINE

MICHAEL G. MCDONNELL
RADIATION PHYSICIST

REPORT ON RADIOLOGICAL EXAMINATION

OF

Mr. Sirhan Sirhan

AT THE REQUEST OF

Dr. F. L. Johnson

45800

DATE

9/6/67

SKULL: Routine views show the bone tables of normal density without evidence of injury or disease. The pineal is not calcified. No abnormal intracranial calcifications are seen. The sella turcica is intact with no evidence of enlargement or erosion. Visualized portions of the petrous bone are also normal.

LUMBAR SPINE: Anteroposterior, lateral and coned lateral views show normal posterior vertebral body alignment. Vertebral height and disc spaces are maintained.

CONCLUSION: Normal skull
Normal lumbar spine

RL/m

Robert E. Lewis
Robert E. Lewis, M.D.

NEUROLOGY

PHONE 542-7489

Samuel W. Weaver, M.D.

1125 EAST 17TH ST., SUITE 114
SANTA ANA, CALIF., 92701

2034V5

June 21, 1967

Argonaut Insurance Company

1413 Shatto Place

Los Angeles, California 90005

FOR PROFESSIONAL SERVICES

RE: Sirhan, Sirhan

6/16/67 - 2 hr appointment held for
neurological evaluation and
electroencephalogram:

\$77 00

Appointments were scheduled for this man on
5/23/67 and 6/16/67. He did not keep the
appointment on either date.

767 - 770

GOOD CAUSE APPEARING-
The application herein
is taken off calendar.

REFERENCE PAGE DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeal Board
State of California

APPLICATION
FOR ADJUDICATION OF CLAIM

7LA-3121-44
CASE NO.

Please file signed original and six copies
and print or type names and addresses

Mr. ~~XXXXXX~~ SIRHAN B. SIRHAN

(INJURED EMPLOYEE)

Social Security No. [REDACTED]

696 East Howard

(INJURED EMPLOYEE'S ADDRESS)

Pasadena, California

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

(APPLICANT'S ADDRESS)

VS.

GRANJA VISTA DEL RIO

(EMPLOYER)

Box 1598, Route 1

(EMPLOYER'S ADDRESS)

Corona, California

ARGONAUT INSURANCE COMPANY

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF INSURED OR
PERMISSIBLY UNINSURED)

1001 Wilshire Boulevard

(ADDRESS OF INSURANCE CARRIER OR STATE)

Los Angeles, California

IT IS CLAIMED THAT:

1. The injured employee, born 3-19-44, while employed as a exercise boy
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
on 9-25-66 at Corona, California, by the employer sustained injury arising
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to left eye, lower back
(STATE WHAT PARTS OF BODY WERE INJURED)
2. The injury occurred as follows: thrown off filly while exercising her; breezing her
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS DONE)
at full speed

3. Actual earnings at time of injury were: \$375 per month
(GIVE WEEKLY OR MONTHLY SALARY OR WAGE PAY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS MEALS LODGING OR OTHER ADVANTAGES RECEIVED FROM EMPLOYER)

4. The injury caused disability as follows: various periods
(SPECIFY DATE OUT OF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OF TOTAL OR PARTIAL DISABILITY)

5. Compensation was paid X YES NO \$
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received X YES NO 4-6-67 All treatment was furnished by the employer or insurance
(YES) (NO) (DATE OF LAST TREATMENT)
company X YES NO other treatment was provided or paid for by
(YES) (NO)
Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury at
(NAME, ADDRESS OR ADDRESS PROVIDING OR PAYING FOR TREATMENT)

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS REFERRED)

7. Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury X
8. Other cases have been filed for industrial injuries by this employee as follows: none
(SPECIFY CASE NUMBER AND CITY AND STATE)

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent disability indemnity X Reimbursement for medical expense X Medical treatment X Compensation at proper rate X
Other Specify:
and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law

Hearing requested at Los Angeles Dated at Pasadena, California, July 10, 1967

Number of witnesses Pre-trial wanted

Estimated time of trial

SIRHAN B. SIRHAN

Set now X : Set later on written request

PALMER & TOONER
16 North Marquette Ave., Pasadena, California

771-2086 & 685-2030

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

SEIFAN B. SEIFAN

Case No. 67LA 312 144

NOTICE OF HEARING

Applicant

vs.

GRATIA VESTA DEL RIO

ABERCAUT INSURANCE COMPANY, a corporation

Defendant

203445

You are hereby notified that an application for compensation has been filed with the Workmen's Compensation Appeals Board of the State of California. You are further notified that said application has been set for hearing at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

OCTOBER 2, 1967

9:00 A.M.

and that at said time and place the Workmen's Compensation Appeals Board will proceed to hear and dispose of the said application in the manner prescribed by law.

WORKMEN'S COMPENSATION APPEALS BOARD

By

C. L. HARTHOFF

9/12/67

Dated at: Los Angeles, California

NOTE: The parties are expected to submit all disputed issues for decision at this hearing. All witnesses, evidence, medical reports, payrolls and other proof must be available at the hearing. CONTINUANCES WILL BE GRANTED ONLY UPON A CLEAR SHOWING OF GOOD CAUSE. Requests for continuances are to be made within 5 days of the date of this notice.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD

Date: 9/6/67 By: T. Kerz

9/6/67

T. Kerz

772

ARGONAUT INSURANCE

O FROM Man DATE 8-15 1967
INJURED Sirkau Sirkau POLICY #
INSURED Alf J. J. Const Co. POLICY TERM
CONVERSATION WITH Exercise Day CLAIM # 203445

Dr. Ishma - Called

Nothing wrong with fellow

August 12, 1967

Sirhan, Sirhan
690 East Howard St
Pasadena, Calif.

CEX 203445
ANATOLIAN CONSTRUCTION CO.
STEAM STREET
9/25/66

September 5, 1967 - Friday

4:00 P.M.

Forrest L. Johnson, M.D.
2002 West 6th Street
Los Angeles, Calif.

BY 2 842

J. B. STINE

cc: Palmer & Turner
cc: Kolagodin, Dore, Dalby & Canning
cc: Dr. Forrest Johnson

P.S. Attached find copies of our medical reports.
In checking the Doctor he told us it would appear
on his reports if the man was unconscious

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

INSURANCE REPORT BY MEDICAL RECORDS

726-4-5

DISCHARGE DATE 9-26-66 CASE NO: 7988

PATIENT NAME: SIRHAN, SIRHAN DOCTOR: R. Nelson

FINAL DIAGNOSIS: Multiple contusions, abrasions + lacerations
Foreign bodies in eyes

COMPLETE NAMES OF OPERATION: Sutures of lacerations

DATE OF PROCEDURE: 9-25-66

SURGEON: R. Nelson ASSISTANT: _____ ANES: _____

ANESTHETIC: START _____ OPERATION: START _____

STOP _____ STOP _____

COMPLETED BY: E. Reinson, Ins. Clerk

10-6-66

782

[Signature] 9/21/67

BENJAMIN E. HERNDON, M.D.
RICHARD A. NELSON, M.D., F.A.C.S.
JOHN WM. SCHNEPPER, M.D.

760 SOUTH WASHBURN
CORONA, CALIFORNIA 91720
(714) 737-5892 - (714) 688-8731

August 3, 1967

Argonaut Ins.
443 Shatto
Los Angeles, California 90005

Attn: Mrs. Steiner

Re: Sirhan Sirhan

Dear Mrs. Steiner:

In checking with Dr. Nelson in regards to sending you additional information on the above named patient, he tells me that we are unable to do so without the written consent by Mr. Sirhan. If you would send us his consent then we can send you the information you need provided we have it on hand.

Thank you,

K. Coffey
K. Coffey

728

Atty
8/21/67

CORONA COMMUNITY HOSPITAL
812 WASHINGTON AVE
CORONA, CALIFORNIA 91720
PHONES 737-4343 • 688-0073

ER 4045

REPORTED

NAME *[Redacted]*
ADDRESS *[Redacted]*
CITY *[Redacted]*
STATE *[Redacted]*
DATE OF BIRTH *[Redacted]* PHONE *[Redacted]*

DATE *11/11/67* TIME *11:00* AM/PM
CHIEF COMPLAINT

Industrial accident, was riding rear bike
he ran into fence and fell, sustaining injuries
as follows:

RESPONSIBLE PARTY
ADDRESS
EMPLOYER
ADDRESS
INSURANCE CO
ADDRESS
GROUP NO. CERT NO
ACCIDENT (NATURE, DATE, WHERE)

TREATMENT
Numbul' 41-116
[Redacted]
Laceration of left upper lid (medial)
Bilateral sand foreign bodies in eyes
Laceration of chin, complex, 5 cm total
Large contusion of dorsal back
Contusion of left hand
Multiple abrasions.

HYPERMET given

EMERGENCY ROOM CHARGES
Sulm. set
Numbul' 41-116
[Redacted]
PROFESSIONAL FEE
SUB TOTAL

Hospitalized for further care.

AMAY *1 3410*
[Redacted]
[Redacted]
[Redacted]
LABORATORY

TOTAL *91.50*
NURSES SIGNATURE *[Redacted]*

DISPOSITION *Hospitalized*
PHYSICIAN *Richard A. Nelson, M.D.*

CONSENT FOR TREATMENT

I, the undersigned, being of legal age and sound mind, do hereby consent to the treatment and care of my child, *[Redacted]*, as recommended by the attending physician, *[Redacted]*, and to the use of such treatment and care as may be deemed necessary by the physician, and to the use of such treatment and care as may be deemed necessary by the physician, and to the use of such treatment and care as may be deemed necessary by the physician.

Signed for Patient by

REASON NOT SIGNED BY PATIENT

784

2025 RELEASE UNDER E.O. 14176

BUSINESS OFFICE

RELATIONSHIP

[Signature]
8/21/67

ALBERT TASHMA, M. D.
6753 HOLLYWOOD BOULEVARD
LOS ANGELES, CALIFORNIA 90028
TELEPHONE 466-4285
OPHTHALMOLOGY

August 18, 1967

Argonaut Insurance Company
1001 Wilshire Boulevard
Los Angeles, California

Attention: J. D. Stiner

Re: Sirhan Sirhan
Claim: OZR 203445
Our file: 67-1001

Dear Sirs:

At the request of the carrier the above named patient was examined by me on August 15, 1967.

PRESENT ILLNESS

The following is an account of an accident which occurred on September 25, 1966 at 8 A. M.

"The morning of the said date I was breeding a filly. In other words, I was asking her to run as far as she could. I was riding the horse. It was a very foggy morning that day. A few seconds after I had started the filly I was down. She threw me. I don't know how I fell, when, everything went blank. The people who were watching me couldn't see what happened due to the fog. I was taken by ambulance to the hospital, Corona Community Hospital. I was treated by Dr. Richard Nelson. He had applied some stitches to what he claimed was excessive bleeding. He applied about three to the lower side of my chin, and I don't know how many in the left eye. They took a series of x-rays, and at that time I was not fully conscious. I started to come to, when I felt the coldness of the platform or table they had put me on. I realized something was wrong with my eyes at the moment I started to come to. When he started to insert the stitching

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Sirhan
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PRESENT ILLNESS cont'd:

needle in my eye and I more or less was mach against that. I didn't like the stitch to be put there. He insisted that it was necessary. I didn't know the gravity of the wound, but I thought it wasn't necessary to be stitched. I couldn't see myself, and he just told me it was necessary. He wanted to keep me in the hospital for a week, but I didn't like the idea. I did stay overnight."

As the history will indicate, the patient stumbled a bit. I asked the patient what he knew about sand being in his eyes after the accident and this was his reply.

"Dr. Nelson- when he put the stitches in my eye I couldn't open the eye to see anybody due to the sand in my eye. I had to tell Dr. Nelson to remove the sand, but he told one of the nurses afterwards and she took care of that."

With regard to the subsequent treatment received, the patient was a little vague. Having reviewed the medical file, it was apparent that the patient had been treated for a short period of time and discharged by Dr. Nelson, and he then returned to Dr. Nelson with complaints, and the latter referred him to an eye, ear, nose and throat specialist, Dr. Paul Nilsson. When I asked the patient about this point, this is what he said.

"They were trying to arrange that date, appointment date, between Dr. Nelson and Dr. Nilsson, then we had to o.k. that through the office which took about two weeks or so. It was a matter of trying to get an agreement.. Dr. Nelson apparently considered me discharged because when I went down to see him again he instructed his secretary to contact the company to reopen the account, and he did not act or treat me after that until he received the o.k. from the company."

The patient further stated:

" Dr. Nilsson didn't do anything. He just put some instrument in my ear and up my nose and gave me some pills which really didn't do a thing. He referred me to the specialist, Dr. Milton

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PRESENT ILLNESS cont'd:

Miller. He again gave me tests and didn't do anything as far as treatment. I was under his care three or four visits. About a month later he said I should see Dr. Kiehn, because I told him I had moved from Corona and back to my original address.

First of all he (Dr. Kiehn) asked if there were any broken bones in this region. I told him I did not know. He ordered x-rays taken. He gave me a small tube of some lubricant and that was a sample type, and I used it, and it ran out within a week. It didn't seem to help much. He didn't say anything at all."

I also asked the patient about the recommendation of Dr. Kiehn that he be seen by a neurosurgeon named Dr. Robert Fiskin. The patient summarized this situation in the following way:

"That was a very abortive attempt by Dr. Kiehn. I waited three months after Dr. Kiehn told me. It hasn't come. I never saw the neurosurgeon. I never received the notice from the insurance company. He (Dr. Kiehn) hasn't discharged me, he said until I see the neurosurgeon, and as yet I have not seen him, so how can I go back to him."

With regard to the patient's present symptoms, he alleges the following:

"Very much facial discomfort. The eye I can't rotate it, too tight. I can't look in both directions as I used to, depending on the position of my head. I can't shift the gaze back and forth. I never did complain about the vision. I seem to fail the side vision."

The patient further indicated that there had been no improvement in his condition since his accident.

PAST HISTORY

The patient denied any history of a significant eye injury or disease prior to the above date of injury.

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PAST HISTORY cont'd;

According to the patient an unrestricted Motor Vehicle Operator's license was issued to him in 1965 in Pasadena, California.

FAMILY HISTORY

The patient denies any familial history of ocular disease.

REVIEW OF MEDICAL FILE

The following records were submitted for my review at the time of examination.

1. Doctor's First Report of Work Injury dated October 6, 1966, Richard A. Nelson, M. D.
2. Doctor's First Report of Work Injury, November 8, 1966, Richard A. Nelson, M. D.
3. Doctor's First Report of Work Injury, November 22, 1966, Paul Nilsson, M. D.
4. Doctor's First Report of Work Injury, April 3, 1967, E. Gordon Kiehn, M. D.
5. Letter to Argonaut Insurance Company, April 4, 1967, E. Gordon Kiehn, M. D.
6. Letter to Argonaut Insurance Company, October 26, 1966, Richard A. Nelson, M. D.

The initial report of Dr. Richard A. Nelson indicates that the injury was limited to a small laceration of the left upper eyelid. In addition there was acid in both eyes. Subsequent evaluation by Dr. Nilsson confirmed these findings and failed to demonstrate the presence of any significant ocular injury.

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REVIEW OF MEDICAL FILE cont'd:

The report of Dr. Richn is in general negative, however, he comments on an "inconstant" constriction of the visual field and in addition refers to a fibrotic band in the left upper eyelid which he feels maybe the cause of the patient's ill defined symptoms. He further intimates that this condition might require surgery.

There are no other ophthalmological reports of significance in the file.

EXAMINATION

Vision	20/20	Hear:	J-2	(Right eye)
	20/20		J-2	(Left eye)

External Structures: There is no apparent scarring of either eyelid. The ocular adnexae and globes are grossly negative.

Extra Ocular Muscles: Grossly intact. No diplopia demonstrated.

Pupils: Round, regular and equal with normal reactions.

Tactile Tensions: Both eyes: Not elevated.

Fundi: The pupils were dilated; the fundi were studied with both direct and indirect ophthalmoscopy. They were found to be consistent with the stated age (23)

Slit Lamp: Cornea, anterior chamber, lens, and anterior vitreous not remarkable.

Refraction: No significant refractive error demonstrated.

Visual Field Screening: The visual fields of this patient were investigated using four different methods. Initially the patient was checked with the visual field screening device which indicated the right eye was normal and the left eye had some peripheral constriction.

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Sirhan
8/13/67

EXAMINATION cont'd:

Visual Field Screening cont'd:

The examination was then repeated at the tangent screen using both the 4/1000 and 2/1000 white targets. This demonstrated marked constriction of both visual fields, but more so in the left eye than in the right. It should be noted that the amount of constriction with the two different targets was not proportional to the size of the target used. The examination was then concluded using the standard perimeter. This test showed moderate constriction of the right field and marked constriction of the left field. When the various fields are compared, it is obvious that the results are highly inconsistent and in no way could be related to any organic process involving either the eyes or the intra-cranial visual pathways.

Stereopsis: Patient has normal binocular function.

DIAGNOSIS

Essentially normal eye examination.

COMMENTS

Based on my examination, the history obtained, and the medical records presently available, I do not believe that this patient sustained any permanent disability as a result of the accident of September 25, 1966.

The injury to the left upper eyelid referred to in other medical examination is not demonstrable at the present time, and I strongly advise against any attempt to resort to surgical intervention. This patient, in my opinion, has the right combination of factors to warrant extreme conservatism in utilizing any therapy of this nature. Namely he has ~~no symptoms~~

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8/18/67

which are not organic in origin, and in addition has no proof whatsoever that any foreign material is retained in the left orbital area.

With regards to the symptoms alleged by this patient, there is nothing whatsoever in the patient's examination to substantiate a claim of an organic injury. As noted above, nearly all the subjective tests of visual function have clearly demonstrated a pattern of inconsistency which negates the possibility of any injury to the eyes or the intra-cranial visual pathways.

CONCLUSIONS

As a result of the above reported injury this patient did not sustain a permanent disability involving his eyes. No further medical treatment is indicated as the patient's condition is not industrially related.

I wish to thank you for this referral; should there be any unanswered questions regarding this case, please do not hesitate to call on me.

Very truly yours,

Albert Taskan, M. D.

AT/rs
Encl.

ARGONAUT INSURANCE

FROM *San Francisco*

DATE *8-16*

19 *61*

INJURED

POLICY #

INSURED

POLICY TERM

CONVERSATION WITH

CLAIM # *IX-203445*

*Dr. Garner will not
take for Exam Only*

792

Ray Cummings AT 7-28-67
McKaugher Evans
SUBJECT: Arthur Surban is Altpillisch Const. Co. Inc.
2X-203445 DATE

Yours of 7/24/67 re Coverage - Insured
Raisa Stock farm @ Citrus & ~~near~~
& Cleveland Dues in Norco, Calif.
He is engaged in the operation of a
race horse thoroughbred farm. The policy
is Altpillisch Construction Company, Inc.
There is no DBA

793

ARGONAUT INSURANCE

PLEASE REPLY TO 1

SIGNED

Sam Stines

Use Reverse Side for Next Reply E.O. 14176

AT

ARGONAUT INSURANCE

TO _____ FROM _____ DATE 7-77 1967
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # _____

714-737-589 ✓ - Dr. Nelson

No indications on records that the
man was unconscious - she also
checked the hospital. She will
talk to Dr. Nelson & send us a
note to this effect.

794

ARGONAUT INSURANCE

TO Robbins FROM _____ DATE _____ 19____
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # _____

Please return file to Egan for

Spec. Egan ✓

WCAB

Letter to assured ✓

Reopen

Subp records

795

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. BENNETT
NEO L. GAYLORD
JOHN F. BARTOS
GEORGE R. HASWELL
ALLAN R. SCHUMMER
ROBERT H. GILLHAM

July 20, 1967

2034/15

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

Re: SIRHAN SIRHAN v. ALTFILLISCH CONSTRUCTION COMPANY
WCAB File No. Appl. dated: July 10, 1967
Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- () 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.
- OOX) Please enter our appearance as attorneys for ARGONAUT INSURANCE COMPANY
- () Please set case for trial as there are now issues in contest.
- XX) Attached for filing herein are:

MEDICAL REPORTS:

E. Gordon Kiehn, M.D.
E. Gordon Kiehn, M.D.
Paul Nilsson, M.D.
Richard A. Nelson, M.D.
Richard A. Nelson, M.D.
Richard A. Nelson, M.D.

April 4, 1967
April 3, 1967
November 22, 1966
November 8, 1966
October 26, 1966
October 6, 1966

ANSWER

Copies to:

Very truly yours,

Palmer & Toomer
16 N. Marengo Ave., Pasadena

McLAUGHLIN, EVANS, DALBEY & CUMMING

Argonaut Insurance Company
Claim No: 2X 2-3445

786

By:

Ray B. Cumming

8/16/67

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

July 24, 1967

Argonaut Insurance Company
4431 Shatto Place
Los Angeles, California

Attention: R. J. Robbins; Claims Examiner

RE: Sirhan Sirhan v. Granja Vista Del Rio
2X-203445
D/A: September 25, 1966

Gentlemen:

We have reviewed the above case referred to our office on July 20, 1967. We note the application lists the employer as Granja Vista Del Rio whereas the employer's report refers to Altfillisch Construction Company. You have indicated you insured this particular construction company but did you also insure Granja Vista Del Rio?

If you do in fact cover this entity, then we recommend you immediately send a letter to the applicant advising him that all medical treatment is authorized by either Dr. Gardner or Dr. Weaver, or whenever you intend to use for this purpose. You should also advise him that any other medical treatment will be on a self-procured basis.

The application requests temporary disability indemnity but alleges only various periods of disability without specifying. We suggest you secure a report from applicant's superior as to whether or not he performed his regular duties after September 25, 1966, that is, if he continued to work for them.

If you wish to set up another examination with Dr. Garner, we can undoubtedly secure the applicant's attorney's cooperation in compelling his client to attend.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

787

By:

Ray B. Cumming

RBC:fg

ARGONAUT INSURANCE

TO _____ FROM John D DATE 7-2-7 19 67
 INJURED _____ POLICY # _____
 INSURED _____ POLICY TERM _____
 CONVERSATION WITH _____ CLAIM # 2X-203445

114-737-537.5 - Lawrence Kraus -
 Leaving 9/25/66 - Ret'd 10/5/66 as he was paid
 3 days ending pay period 10/8/66
 with full week ending 10/15 - 10/22 - 10/29
 11/5 + 11/12/66 - left 11/13/66 + she thinks went
 to work for Mr. Wheeler @ Race Track.

TO Ray Cumming McRue Ellis Evans
SUBJECT Nirbanu, Sirhan & Altfeldish Fulton DATE 7-27-67
21-203445

I'm attaching wage info from Insured
I called & spoke to Labrad Evans and
found that after 9/25/66 injury - Cls
returned to work on 10/5/66. He
worked full weeks ending 10/15/66
11/2 - 10/29 - 11/5 & 11/12/66. He left their
employ 11/13/66 & she then went to
work for a Mr. Wheeler at the Race Track
Dr. Gasper has never seen this Cls - the
app was cancelled

ARGONAUT INSURANCE

PLEASE REPLY TO ☒

SIGNED Paul Stinner

Use Reverse Side for Your Reply

AT



American Insurance Companies

July 20, 1967

Altshillisch Construction Company, Inc.
Box 3590, Route 1
Corona, California

Claim No.: OEX 203445
Claimant: Sirhan Sirhan
Date of Injury: 9/25/66

Gentlemen:

As you know, Mr. Sirhan has filed an application with the Workers' Compensation Appeals Board, contending that as a result of his employment with your company, he sustained an injury to his left eye and lower back on 9/25/66.

In order for us to be able to defend your company in an adequate manner, there is certain information that we must request of you and ask that you submit same to us as soon as possible.

We would appreciate your submitting to us a complete employment record as to when Mr. Sirhan was hired, when he was terminated, if terminated, the reason for his leaving your company, the amount of wages he received in the period of time he was employed by your company, and what periods of time he worked for you subsequent to his injury of 9/25/66, and if you have any knowledge of a previous injury to his lower back or left eye.

In anticipation of an early reply, we thank you for your fine cooperation in the handling of this matter.

Very truly yours,

R. J. Robbins
Claims Examiner

RJR:laf

cc: McLaughlin, Frame, Bailey & Gunning

Granja Vista Del Rio

BOARDING
LAY UPS
SALES PREPARATION



BREAKING
TRAINING
YEARLINGS CONDITIONED

OFFICE (714) 737-5375

13200 CITRUS AVENUE

CORONA, CALIFORNIA

MAILING ADD.: RT. 1, BOX 1598

July 21, 1967

R. J. Robbins, Claims Examiner
Argonaut Insurance Co.,
1445 Shatto Place
Los Angeles, California 90005

Dear Mr. Robbins:

In answer to your letter, July 20th, we submit
the following:

Re/ Claim # 02X 203445
Elaimant Sirhan Sirhan
Date of Injury 9/25/66

The Claimant was hired 6/2/66 @ \$250.00 per mo.
Raises: 6/26 @ \$275.00 " "
7/31 @ \$300.00 " "
8/21 @ \$350.00 " "
9/18 @ \$375.00 " "

Total Wages Paid \$1797.56

Left employ 11/13/66 voluntarily for other emp-
loyment.

Returned to work 12/1/66 voluntarily @ \$375.00
Left employ 12/10/66 voluntarily for other emp-
loyment.

We have no knowledge of previous injuries.

Sincerely yours,

Altfillisch Construction Co.
Altfillisch Construction Co.
DBA/ Granja Vista Del Rio
ACC/llk

802

*Atty
7/27/67*

LEGAL PREPARATION SHEET

CLAIM NO. 9 02X-203445 7/5/67 TOTAL MEDICAL PAID 350.10
(DATE OF INJURY)
CLAIMANT'S NAME SISMAN, STEW TOTAL INDEMNITY PAID NCL
NAME OF ASSURED ALTFILLISON CONSTRUCTION COMP. WEEKLY RATE _____
PERIODS COVERED _____
ADVANCES on P.D. or C. & R. _____

☐ Individual ☐ Co-partnership
☒ Corporation ☐ Joint Venture
POLICY PERIOD 1/1/66-67 PRODUCER MILLER & AMES OF CALIF.

Apparent Reasons For Litigation
(CIRCLE NUMBER OF REASON BELOW)

1. Compensation not paid because of—
(a) No employer's report
(b) No doctor's report
2. Temporary disability terminated by doctor and claimant disagrees
3. Permanent disability prematurely claimed
4. Advisory rating for P.D. not acceptable
5. Further medical sought by employee
6. Injury A.O.E. and/or C.O.E.
7. Statute of limitations
8. Coverage for employer or this employee
9. Employment or employer identity disputed
10. Dependency or identity of dependents
11. Other

Preparation For Hearing

Date Hearing Set AO
IAC No. UNKNOWN LA
Date Application Rec'd 7/11/67
Date File Sent to Counsel 7-19-67
Has medical been filed with Commission and served? _____
Further medical:
1. Not necessary _____
2. You arrange _____
3. We have arranged _____
(a) By: Dr. _____
(b) Date: _____
Is case otherwise ready for litigation? _____

REMARKS BY CLAIM EXAMINER: *We arranged one expert report. Claimant failed to sign it. He has apparently gone away as we have a report of Dr. Richards on that matter. His state application was signed by Dr. Miller, also another state application signed by Dr. Miller and signed covering same matter. We have recommended no litigation. Please request payment of \$2000.00 with \$1000.00 cash balance from the company. Please see Argonaut Insurance Company.*

(CLAIM EXAMINER)

(DO NOT WRITE BELOW THIS LINE)

Issues
1. Unidentified _____
2. Disability _____
3. Medical _____
4. Injury _____
5. Statute _____
6. Earnings _____
7. Occupation _____
8. Coverage _____
9. Employment _____
10. Dependency _____
11. _____

808.

Time _____

Date _____

Litigation Work Sheet

2025 RELEASE UNDER E.O. 14176

Witnesses _____

ERNEST A. PALMER, JR.
ANNE P. TOOMER

PALMER AND TOOMER
ATTORNEYS AT LAW
CITIZENS BANK BUILDING
16 NORTH MARENGO AVENUE
PASADENA, CALIFORNIA 91101

TELEPHONE
796-2086
684-2077

July 10, 1967

WORKMEN'S COMPENSATION APPEALS BOARD
4107 Los Angeles State Office Building
107 South Broadway
Los Angeles, California 90012

Re: *20.26*
McLaughlin
Evans
William E. Sirhan vs. Granja Vista Del Rio

Gentlemen:

Please file the items which have been checked below:

- () Original and 6 copies of Application.
- (X) Please set this matter down for hearing.
- () Please place this matter on an off-calendar basis.
- () Certificate of Readiness.
- () Medical report of _____, M.D., dated _____, 19_____, together with his Statement in the amount of \$_____, and his Notice and Request for Allowance of Lien.
- ()

Copies have been served as indicated.

Very truly yours,
PALMER AND TOOMER

By _____
Anne P. Toomer

cc:

ARGONAUT INSURANCE COMPANY

ARGONAUT INSURANCE

TO	FROM <u>RR</u>	DATE <u>7/10</u>	19 <u>67</u>
INJURED <u>Lisa R. Lian</u>	POLICY #		
INSURED	POLICY TERM		
CONVERSATION WITH <u>Toomer & Toomer</u>	CLAIM # <u>2,2145</u>		
<u>Referred to Dr. Keene by Dr. Miller.</u> <u>A. D. Keene - in Pasadena</u> <u>Get a copy of Keene's report</u>		<u>Arno Toomer</u> <u>084-2030</u> <u>16 No Mowing</u> <u>Pasadena 91101</u>	
<u>Sand mud</u>		<u>appt. atty</u>	

805

CAUSE APPEARING:
application herein
on off calendar.

NAME DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California
APPLICATION
FOR ADJUDICATION OF CLAIM

CASE NO.

file signed original and six copies
of type names and addresses

~~XXXX~~ SIRHAN B. SIRHAN
(INJURED EMPLOYEE)

696 East Howard
(INJURED EMPLOYEE'S ADDRESS)

Security No. [REDACTED]

Pasadena, California

(APPLICANT IF OTHER THAN INJURED EMPLOYEE)

(APPLICANT'S ADDRESS)

VS.
JA VISTA DEL RIO
(EMPLOYER)

Box 159B, Route 1
(EMPLOYER'S ADDRESS)
Corona, California

NAUT INSURANCE COMPANY
(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR
PERMISSIBLY UNINSURED)

1001 Wilshire, Boulevard
(ADDRESS OF INSURANCE CARRIER, IF ANY)
Los Angeles, California

CLAIMED THAT:

he injured employee, born 3-19-44, while employed as a exercise boy
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
on 9-25-66 at Corona, California, by the employer sustained injury arising out
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to left eye, lower back
(STATE WHAT PARTS OF BODY WERE INJURED)
the injury occurred as follows: thrown off filly while exercising her; breezing her
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
at full speed

actual earnings at time of injury were: \$375 per month
(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)
the injury caused disability as follows: various periods
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

compensation was paid X \$ (YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

medical treatment was received X 4-6-67 All treatment was furnished by the employer or insurance
(YES) (NO) (DATE OF LAST TREATMENT)

company X other treatment was provided or paid for by (NAME PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)
(YES) (NO)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury X
(YES) (NO)

Other cases have been filed for industrial injuries by this employee as follows: none
(SPECIFY CASE NUMBER AND CITY WHERE FILED)

This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent dis-
ability indemnity X Reimbursement for medical expense X Medical treatment X Compensation at proper rate X
Other Specify:
and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law.

Hearing requested at Los Angeles, Dated at Pasadena, California, July 10, 1967
(CITY) (CITY) (DATE)

Number of witnesses Pre-trial wanted
(YES) (NO)

Estimated time of trial
(YES) (NO)

Set now X Set later on written request
PALMER & TOOMEY
806 North Marengo Ave., Pasadena, Calif.
(GIVE NAME AND ADDRESS OF APPLICANT'S ATTORNEY)

X Sirhan B. Sirhan
SIRHAN B. SIRHAN (EMPLOYEE'S SIGNATURE)

ARGONAUT INSURANCE

TO _____ FROM _____ DATE _____ 19____
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # _____

Call Weaver & Conell agent for 6/14/67

807

ARGONAUT INSURANCE

TO Robbins FROM D DATE 6-2 19__
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # 0-03445

Dr. Freeman's office calling about
surfact bill.

Being held in back of file.

Please advise.

808

ARGONAUT INSURANCE

FROM <u>Rabbin</u>		DATE <u>5/23</u>	19 <u>67</u>
INJURED <u>Sirhan Sirhan</u>	POLICY #		
INSURED	POLICY TERM		
CONVERSATION WITH <u>Dr. Weaver</u>	CLAIM # <u>135305</u>		
<u>Send to [unclear]</u>			
<u>Did not show for expt.</u>			
009			

FOR THE ATTENTION OF

WRITE IT
Don't Say It!

REPLY REQUESTED

FOR CORRESPONDENCE BETWEEN DEPARTMENTS

SUBJECT

Sirhan Sirhan

DATE

4-14-67

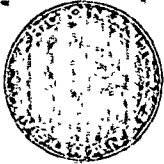
*This note was sent in mail to me. If
you know patient's present address would
you please mail it on to him. We do
not know his whereabouts since he left
our employ last year.*

Sincerely

Lawrence James

GRANJA VISTA DEL RIO
RT. 1 BOX 159-B
CORONA, CALIFORNIA 91720

Blkpr.



Argonaut Insurance Companies

April 21, 1967

Mr. Sirhan Sirhan
c/o Route 1
Box 159B
Corona, California



DIRECT REPLY TO
OFFICE CHECKED BELOW:

- 250 MIDDLEFIELD ROAD
MENLO PARK, CALIF. 94025 ☐
- 350 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94106 ☐
- 443 SHATTO PLACE
LOS ANGELES, CALIF. 90005 ☐
- 1350 VISTA AVE. BOX 4405
BOISE, IDAHO 83705 ☐
- 7600 CARPENTER FREEWAY
DALLAS, TEXAS 75247 ☐
- NORTHWESTERN BANK BLDG.
MINNEAPOLIS, MINNESOTA 55402 ☐
- 221 NORTH LA SALLE ST.
CHICAGO, ILLINOIS 60601 ☐
- 514 SOUTHWEST SIXTH AVE.
PORTLAND, OREGON 97204 ☐
- 1180 RAYMOND BOULEVARD
NEWARK, NEW JERSEY 07102 ☐
- 1422 WEST PEACHTREE ST.
ATLANTA, GEORGIA 30309 ☐
- 539 GRAVIER ST.
NEW ORLEANS, LA. 70130 ☐

RE: Claim No. : 02X 203445
Employer : Altfillisch Constr. Co., Inc.
Employee : Sirhan Sirhan
Date Inj. : 9/25/66

An appointment for special examination has been made for you on:

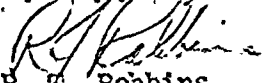
Date : Friday, May 19, 1967

Time : 10:00 AM

Office of: John T. Garner, M. D.
744 Fairmont Avenue
Pasadena, California
Phone: 681-7028

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

Very truly yours,


R. T. Robbins
CLAIMS DEPARTMENT

J
cc: John T. Garner, M. D.

811



Argonaut Insurance Companies

April 21, 1967

V.K.
Mr. Sirhan Sirhan
c/o Route 1
Box 1593
Corona, California

CER 203443

Alachua Constr. Co., Inc.

Sirhan Sirhan

9/25/66

Friday, May 19, 1967

10:00 AM

John T. Gaffner, M. D.
744 Fairmont Avenue
Pasadena, California
Phone: 681-7023

*Cancelled by
Dr. Gaffner*

R. T. Robbins

3
cc: John T. Gaffner, M. D. P. S.: Resume enclosed. Please examine, and forward four copies of your report.

312

E. Gordon Kiehn, M.D.

SUITE 203
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101
TELEPHONE 449-6494

April 4, 1967

Aironaut Insurance Company
1001 Wilshire Blvd.
Los Angeles, California

Re: Mr. Sirhan Sirhan

Gentlemen:

Mr. Sirhan came to this office on February 21, 1967, having been referred to me by Dr. Milton A. Miller of Ontario. The history of the case as I received it from the patient is briefly as follows:

The patient exercised the horses at the Granja Vista Del Rio ranch in Corona. On September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. He thinks he was unconscious for a brief time. He was seen at the Corona hospital by a Dr. Richard Nelson and the wounds around the eye were sutured. In addition to the wound around the eye he had a wound under the chin. This was also sutured. Four days later the sutures were removed. He suffered a brief injury again a few days after the initial injury and the wound edges separated a little bit. He was unaware of any eye problems until he began exercising the horses again. He noticed at this time that he had to move his head from left to right in order to see well on either side. This loss of side vision has definitely improved but he still has some difficulty. This is especially noticeable in the left eye. Because of his eye complaints he was referred to a Dr. Nelson of Corona and following that to Dr. Milton A. Miller of Ontario. I do not have Dr. Miller's reports so I am unaware of exactly what his findings were. At the present time Mr. Sirhan's complaints primarily are as follows:

He notices that he has some twitching of the eyelid when he looks to the left. This involves the left eyelid primarily. He also has the same type of twitching when he wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, no weakness of either arms, hands, legs or feet. He complains of a persistent pain in the superior nasal aspect of the left orbit. My examination was as follows:

His vision was found to be 20/20 in either eye uncorrected. He had no significant refractive error. Extraocular muscles were found to be intact.

813

Argonaut Insurance Company

Page 2.

the pupils were round, were regular, and reacted well to light and accomodation. The patient's eyes were dilated and an examination of the fundus was performed. No significant abnormalities were found. Examination was performed both with the direct and indirect ophthalmoscope. Slit lamp examination showed no flare or cells in either eye. Both lenses are clear and the media appeared clear. Visual field examination indicates a full field with a moderate amount of general constriction in the left field. This constriction is inconstant. The patient's wounds are well healed, however there is a persistent tenderness over the superior orbital ridge medially and there is a small amount of fullness in this area remaining. The tenderness is medial to the supra-orbital notch and is apparently aggravated when the patient looks both to the left and upward to the left. There is a fibrotic band extending from this general area downward to the area just below the lower canthal ligament. He claims that this makes him have a rather tight sensation when he looks to the left. I could demonstrate no abnormal diplopia, in fact my findings are remarkably negative with the exception of the tenderness and the subcutaneous band which I mentioned. At the present time, I do not feel like operating on the area which is described, and releasing this band. I feel that we should wait for a period of about one month yet. At the time of releasing this subcutaneous band I believe it would be advisable to investigate the original wound area for the possibility of a foreign body reaction giving him the persistent pain which he feels and is described above. X-Rays ordered by me have indicated no evidence of a foreign body, no evidence of any fractures in and about the orbit, and said X-Rays are essentially negative. The X-Rays were taken by Dr. Robert Freeman, of this address. I shall see Mr. Sirhan again and repeat visual field tests to make sure that there is no recurrent abnormality. Inasmuch as he was unconscious and had not been seen by a neurologist or a neurosurgeon I believe it would be advisable to have him seen by a neurosurgeon to rule out any damage to the brain that might have occurred at the time of this injury. I have usually referred my patients to a Dr. Robert Fiskin, of 960 E. Green St., Pasadena. He is a well-qualified neurosurgeon and if you have no objection I would respectfully request your referral of Mr. Sirhan to Dr. Fiskin for such an evaluation.

I trust this will give you an up-to-date accounting of Mr. Sirhan's problems.

Sincerely,

E. Gordon Kichn, M.D.

EGK:ra

014

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 985, San Francisco 1, and two copies to the insurance carrier. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER Argonaut Insurance Company, 1001 Wilshire Blvd., Los Angeles, Calif.

1. EMPLOYER <u>Granja Vista Del Rio - Altfillisch Const. Company</u>	DO NOT WRITE IN THIS SPACE
2. Address (No. and Street) <u>13200 Citrus</u> City <u>Corona, Calif.</u>	
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.) <u>Ranch</u>	
4. EMPLOYEE (First name, middle initial, last name) <u>R. Sirhan Sirhan</u> S.S. No. <u>[REDACTED]</u>	
5. Address (No. and Street) <u>696 E. Howard St.</u> City <u>Pasadena, California</u>	
6. Occupation <u>Exercises horses</u> Age <u>22</u> Sex <u>Male</u> Marital Status <u>Single</u>	
7. Date injured <u>Sept. 24, 1966</u> Hour <u>7:30A</u> M Date last worked <u>Off two weeks</u>	
8. Injured at (No. Street and City) <u>13200 Citrus</u> County <u></u>	
9. Date of your first examination <u>Feb. 21, 1967</u> Hour <u>9:00A</u> M Who engaged your services? <u>Milton A. Miller, Ontario</u>	
10. Name other doctors who treated employee for this injury <u>Richard Nelson, M.D.</u>	

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? Yes Employee's statement of cause of injury or illness:
Was thrown from horse while exercising same.

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.)
Please see attached report.

13. X-RAYS: By whom taken? (State if none)
 Findings: Negative - See attached report.
Robert Freeman, M.D., 48 N. El Molino Ave., Pasadena, Calif.

14. TREATMENT:
See attached report.

15. Kind of case (office, home, or hospital) Office If hospitalized, date Estimated stay
 Name and address of hospital
 16. Further treatment (estimated frequency and duration) See attached report.
 17. Estimated period of disability for: Regular work Not disabled. Modified work
 18. Describe any permanent disability or disfigurement expected (state if none) See attached report.
 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)

015

Name Gordon Klehn, M.D. (Type or Print) PERSONAL SIGNATURE OF DOCTOR [Signature]

Date of report 4-3-67 Address (No. Street and City) 48 N. El Molino Ave., Pasadena, California 91101

FILL OUT AND
FORWARD 3 COPY
IMMEDIATELY AFTER
FIRST SEEING
PATIENT

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA

~~EMPLOYER'S COMPENSATION INSURANCE FUND~~

~~PROHIBITION 12.201 PROHIBITION 12.201 PROHIBITION 12.201~~

Also, immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 94101
Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.)

Answer all questions fully. ASSONANT INSURANCE CO., 1001 Wilshire Blvd., Los Angeles, Calif.

1. EMPLOYER <u>Gracia Viana del Rio Alzamilloch Construction Co.</u>	Do not write in this space
2. Address (No., St. & City) <u>Box 1593 R - 1 Corona, California</u>	
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.)	
4. EMPLOYEE (First name, middle initial, last name) <u>Sirhan Sirhan</u>	SOCIAL SECURITY NO.
5. Address (No., St. & City) <u>694 East Erwind Pasadena, California</u>	
6. Occupation <u>Home tinner</u> Age <u>22</u> Sex <u>Male</u>	
7. Date injured <u>9-23-66</u> Hour <u>0130 A.M.</u> Date last worked <u>9-23-66</u>	
8. Injured at (No., St. & City) <u>on the job</u> County <u>Monterey</u>	
9. Date of your first examination <u>9-23-66</u> Hour <u>0130 A.M.</u> 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? <u>Yes</u> Employee's statement of cause of injury or illness: <u>I was thrown from a race horse this morning.</u>	
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.) <u>Loceration of left upper eye lid; Bilateral foreign bodies (lead) in eyes; loceration of chin, complex, 5 cm. total length; large contusion of Coracal back; contusion of left hand and multiple abrasions.</u>	
13. X-rays: By whom taken? (State if none) <u>Yes, Corona Community Hospital, Corona, Calif.</u> Findings: <u>Negative for fractures.</u>	
14. Treatment: <u>Emergency care of wound as mentioned above; repair of lacerations under local anesthesia; Medication for pain; hospitalized for further care and observation.</u>	
15. Kind of case (Office, home or hospital) <u>Hospital & Office.</u> If hospitalized, date <u>9-23-66</u> Estimated stay <u>2 weeks</u> Name and address of hospital <u>Corona Community Hospital 600 S. Washburn Ave. Corona</u>	
16. Further treatment (Estimated frequency and duration) <u>Weekly office calls for two weeks; or as necessary.</u>	
17. Estimated period of disability for: Regular work <u>2 to 4 weeks</u> Modified work <u>2 weeks</u>	
18. Describe any permanent disability or disfigurement expected (State if none) <u>None expected at present.</u>	
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.) <u>INDUSTRIAL CASE RE-OPENED.</u> <u>PATIENT REFERRED TO DOCTOR PAUL NELSON, M.D.</u>	

N. 3.—ONLY UNDER EXCEPTIONAL CIRCUMSTANCES WILL A HERNIA BE CONSIDERED DISABLING PRIOR TO OPERATION. THE INJURED SHOULD BE ADVISED TO CONTINUE WORK, IF POSSIBLE, UNTIL NOTIFIED THAT HIS CLAIM IS ACCEPTED.

Name Richard A. Nelson, Degree M.D. [PERSONAL SIGNATURE OF DOCTOR]

Date of report 11-8-66 Address (No., St. & City) 783 S. Washburn Ave. Corona, Calif. Tel. No. 816

Form 10 S. 3. Use reverse side if more space required

210-56370

ROBERT G. FREEMAN, M. D.
JOHN D. RUTLEDGE, M. D.
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101
TELEPHONE 795-4381
RADIOLOGY

203045
March 18, 1967
201545
master

TO
Argonaut Insurance Exchange
1001 Wilshire Blvd.
Los Angeles, California

FOR PROFESSIONAL SERVICES

RE: MR. Sirhan Sirhan
696 E. Howard
Pasadena, California

EMPLOYER: GRANJA VISTA DEL RIO
32100 Citrus
Corona, California

INJURED: 11-66 At work

REFERRED BY: E. G. Kiehn, M.D.
48 N. El Molino
Pasadena, California

X-RAYS: 2-21-67 Left Orbit #7019 \$16.50

SYCAMORE 5-4391

ROBERT G. FREEMAN, M.D.
JOHN D. RUTLEDGE, M.D.
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101

REPORT ON ROENTGEN EXAMINATION
OF MR. SIRHAN SIRHAN

AT THE REQUEST OF

E. G. Kiehn, M. D.
43 N. El Molino, Pasadena

DATE Feb. 21, 1967

LEFT ORBIT & ADJACENT FRONTAL SINUS:

The films provide no evidence of bone injury involving
the left orbit or para-orbital structures.

J. D. Rutledge M.D.

John D. Rutledge, M. D.

R/a

918

CLAIM ROUTE SLIP

CLAIM NUMBER

~~6/27/76~~ X-203445

Send file to: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Checkwriter | <input type="checkbox"/> Reserve & Closing Clerk |
| <input type="checkbox"/> Clerical Supervisor | <input checked="" type="checkbox"/> Bill Clerk | <input type="checkbox"/> Coverage & Control Clerk |
| <input type="checkbox"/> Examiner | <input type="checkbox"/> Make-up Clerk | <input type="checkbox"/> File Section |
| <input type="checkbox"/> Indemnity Clerk | <input type="checkbox"/> Legal Clerk | <input type="checkbox"/> Central Control (Accountant) |

Instructions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pay Comp and diary | <input type="checkbox"/> Make Reserve Change | Prepare & Send
legal file to:

<input type="checkbox"/> Litg. Counsel
<input type="checkbox"/> Subro. Counsel |
| <input type="checkbox"/> Figure Award & Pay | <input type="checkbox"/> Make Reopening | |
| <input type="checkbox"/> Pay C & R | <input type="checkbox"/> Make Up X Case | |
| <input type="checkbox"/> Pay Travel Expense | <input type="checkbox"/> File Correspondence | |
| <input checked="" type="checkbox"/> Pay Bill | <input type="checkbox"/> Complete & Send Fed. Form # _____ | |
| <input type="checkbox"/> Cancel | <input type="checkbox"/> Stop Payment | |

REMARKS:

Pay bills & Return file to me for bills to Dr.
K. Rich

Date:

4/21/77

BY

K. Robbins

819



Argonaut Insurance Companies

May 2, 1967

Mr. Sirhan Sirhan
C/o Rt 1, Box 159B
Corona, California

plus to wrong address



**DIRECT REPLY TO
OFFICE CHECKED BELOW:**

- 250 MIDDLEFIELD ROAD
MENLO PARK, CALIF. 94025 ☐
- 550 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94106 ☐
- 443 SHATTO PLACE
LOS ANGELES, CALIF. 90005 ☐
- 1350 VISTA AVE. BOX 4405
BOISE, IDAHO 83705 ☐
- 7600 CARPENTER FREEWAY
DALLAS, TEXAS 75247 ☐
- NORTHWESTERN BANK BLDG.
MINNEAPOLIS, MINNESOTA 55402 ☐
- 7221 NORTH LA SALLE ST.
CHICAGO, ILLINOIS 60601 ☐
- 514 SOUTHWEST SIXTH AVE.
PORTLAND, OREGON 97204 ☐
- 1160 RAYMOND BOULEVARD
NEWARK, NEW JERSEY 07102 ☐
- 1422 WEST PEACHTREE ST.
ATLANTA, GEORGIA 30309 ☐
- 539 GRAVIER ST.
NEW ORLEANS, LA. 70130 ☐

RE: Claim No. : 02X-203445
Employer : **ADTFILLISCH CONST. CO. INC.**
Employee : **SIRHAN SIRHAN**
Date Inj. : **9/25/66**

An appointment for special examination has been made for you on:

Date : **Tuesday, May 23, 1967**

Time : **11:00 A.M.**

Office of: **Samuel Weaver, M.D.**
1125 E 17th St
Santa Ana, Calif.

Phone: **KI 2-7489**

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

P.S. Please disregard letter of 4/21/67. The appointment has been cancelled.

Very truly yours,

cc: Samuel Weaver, M.D.

R. J. ROBBINS
CLAIMS DEPARTMENT

Argonaut Insurance Companies

443 SHATTO PLACE
LOS ANGELES, CALIFORNIA 90005



REASON CHECKED
Undelivered _____
Addressee unknown _____
Incorrect address _____
No such street _____
No such office in city _____
No return address in this envelope _____



*No longer
at this add.
add. unknown.*

120
021

ARGONAUT INSURANCE

TO Robertson FROM Wagner DATE 7-27 1977

INJURED SIRHAN SIRHAN POLICY # 100-443881

INSURED _____ POLICY TERM _____

CONVERSATION WITH Mrs. Bryan As Garner's office CLAIM # X 203445

5/32/19

~~Wants to cancel card. for~~

May 19.



Year	Number of people (millions)
1960	18
1965	20
1970	22
1975	24
1980	26
1985	28
1990	30
1995	32
2000	34
2005	36
2010	38

Year	Number of cases (thousands)
1990	15
1991	25
1992	95
1993	35
1994	45
1995	55
1996	65
1997	70
1998	75
1999	75
2000	65

322

04-547-211

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 Company Address 1001 Wilshire Blvd., Los Angeles, Calif.

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

EMPLOYER Granja Vista Del Rio - Altfillisch Cons. Company

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF April, 1967

Patient refused treatment _____, 19____ Patient able to return to work _____, 19____
 Patient stopped treatment _____ Patient discharged as cured _____, 19____
 without orders _____, 19____ Condition at time of last visit _____
 Patient entered hospital _____, 19____ Not discharged _____

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.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
						X																									

Totals

First aid treatment (describe) _____ \$ _____
 Office Visits 4-6-67 \$ 5.50
 Home Visits _____ \$ _____
 Hospital Visits _____ \$ _____
 Operations _____ \$ _____
 MATERIAL (itemized at cost) _____ \$ _____
 TOTAL \$ 5.50

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 Klein, M.D.

Address 48 N. El Molino Ave., Suite 203

Pasadena, California 91101

Signature [Signature]

Date May 4, 1967