

ARGONAUT INSURANCE

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

Call Weaver & Concell agent for 6/14/67

807

ARGONAUT INSURANCE

TO Robbins FROM 1 DATE 6-2 19__
 INJURED _____ POLICY # _____
 INSURED _____ POLICY TERM _____
 CONVERSATION WITH _____ CLAIM # 0-03445

*Dr. Freeman's office having about
 compact bill.*

Bung held in back of file.

Please advise.

ARGONAUT INSURANCE

FROM	<i>Rabbin</i>	DATE	<i>5/23</i>	19 <i>67</i>
INJURED	<i>Sirhan Sirhan</i>	POLICY #		
INSURED		POLICY TERM		
CONVERSATION WITH	<i>Dr. Weaver</i>	CLAIM #	<i>125305</i>	
<i>Samuel H. Weaver</i>				
<i>Did not show for appt.</i>				
809				

FOR THE ATTENTION OF

WRITE IT
Don't Say It!

REPLY REQUESTED

FOR CORRESPONDENCE BETWEEN DEPARTMENTS

SUBJECT

Sirhan Sirhan

DATE

4-24-67

*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 H. ...

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

Bkpr.



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. 94029 ☐
- 550 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94106 ☐
- 843 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

cc: John T. Garner, M. D.



Argonaut Insurance Companies

April 21, 1967

U.F.
Mr. Sirhan Sirhan
c/o Route 1
Box 1593
Corona, California

02X 203443

Alfred Sirhan Constr. Co., Inc.

Sirhan Sirhan

9/25/66

Friday, May 19, 1967

10:00 AM

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

R. T. Robbins

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

E. Gordon Kichn, M.D.

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

April 4, 1967

Argonaut 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.

Argonaut Insurance Company

Page 2.

the pupils were round, were regular, and reacted well to light and accommodation. 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,

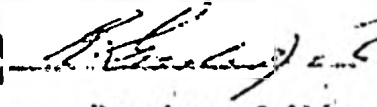
E. Gordon Kiehn, M.D.

EGK:ra

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 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 <u>Argonaut Insurance Company, 1001 Wilshire Blvd., Los Angeles, Calif.</u>		DO NOT WRITE IN THIS SPACE
1. EMPLOYER <u>Granja Vista Del Rio - Alfiliisch Const. Company</u>		
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. [REDACTED]		
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? <u>Yes</u> Employee's statement of cause of injury or illness: <u>Was thrown from horse while exercising same.</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>Please see attached report.</u>		
13. X-RAYS: By whom taken? (State if none) Findings: <u>Negative - See attached report.</u> <u>Robert Freeman, M.D., 48 N. El Molino Ave., Pasadena, Calif.</u>		
14. TREATMENT: <u>See attached report.</u>		
15. Kind of case (office, home, or hospital) <u>Office</u> If hospitalized, date <u></u> Estimated stay <u></u> Name and address of hospital <u></u>		
16. Further treatment (estimated frequency and duration) <u>See attached report.</u>		
17. Estimated period of disability for: Regular work <u>Not disabled.</u> Modified work <u></u>		
18. Describe any permanent disability or disfigurement expected (state if none) <u>See attached report.</u>		
19. If death ensued, give date <u></u>		
20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)		

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

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

2025 RELEASE UNDER E.O. 14176

FIRST REPORT

FILL OUT AND
FORWARD 3 COPY
IMMEDIATELY AFTER
FIRST SEEING
PATIENT

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA

02X-20344

AUG. Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 565, San Francisco 94101
Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.)

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

1. EMPLOYER <u>Granita Vista del Rio Airfillisch 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, bottling construction, retailing men's clothes, etc.)	
4. EMPLOYEE (First name, initials, last name) <u>Sirhan Sirhan</u>	SOCIAL SECURITY NO.
5. Address (No. St. & City) <u>694 East Fremont Pasadena, California</u>	
6. Occupation <u>Home trainer</u> Age <u>22</u> <u>Single</u>	
7. Date injured <u>8-23-66</u> Hour <u>8:30 A.M.</u> Date last worked <u>8-22-66</u>	
8. Injured at (No. St. & City) <u>on the job</u> County <u>Pasadena</u>	
9. Date of your first examination <u>8-23-66</u> Hour <u>9:30 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>Laceration of left upper eye lid; Bilateral foreign bodies (sand) in eyes; laceration of chin, complex, 5 cm. total length; large contusion of Cerebral back; extensive 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>8-23-66</u> Estimated stay <u>3</u> Name and address of hospital <u>Corona Community Hospital 633 S. MacArthur Ave. Corona</u>	
16. Further treatment (Estimated frequency and duration) <u>Daily 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 UN-OPENED.</u> <u>PAYMENT REFERRED TO DOCTOR PAUL WILSON, M.D.</u>	

N. B.—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. Holson, Degree M.D. { PERSONAL SIGNATURE OF DOCTOR }

Date of report 11-8-66 Address (No. St. & City) 760 S. MacArthur Ave. Corona, Calif. Tel. No. 6-4666

210-56370
202075
2015-15
manning
TO
ROBERT G. FREEMAN, M. D.
JOHN D. RUTLEDGE, M. D.
48 NORTH EL MOLINO AVENUE
PASADENA, CALIFORNIA 91101
TELEPHONE 795-4381
RADIOLOGY

March 18, 1967

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 *h.o.d.*
32100 Citrus
Corona, California

INJURED: 11-66 At work

REFERRED BY: E. G. Kiehn, M.D. *32124*
48 N. El Molino
Pasadena, California

X-RAYS: 2-21-67 Left Orbit #7019 *\$16.50*
9-6-72

SYCAMORE 5-4331

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. Klehn, 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 peri-orbital structures.

J. D. Rutledge, M.D.

John D. Rutledge, M. D.

R/m

CLAIM ROUTE SLIP

CLAIM NUMBER

6/27/77 X-20 3445

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"/> Figure Award & Pay | <input type="checkbox"/> Make Reopening | |
| <input type="checkbox"/> Pay C & R | <input type="checkbox"/> Make Up X Case | <input type="checkbox"/> Litg. Counsel |
| <input type="checkbox"/> Pay Travel Expense | <input type="checkbox"/> File Correspondence | <input type="checkbox"/> Subro. Counsel |
| <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 letter to Dr. Nichols

Date:

4/21/77

BY

P. Robbins



Argonaut Insurance Companies

May 2, 1967

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

sent 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 ☐
- 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 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,

R. J. ROBBINS
CLAIMS DEPARTMENT

cc: Samuel Weaver, M.D.

Argonaut Insurance Companies

443 SHATTO PLACE
LOS ANGELES, CALIFORNIA 90005



REASON CHECKED
Undelivered _____
Addressed unknown _____
Incorrect Address _____
No such street _____
No such office in city _____
Or not found in city directory _____



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

821

ARGONAUT INSURANCE

TO Robbins FROM Bryan DATE 4/24 1957
 INJURED ~~Carson~~ ~~Carson~~ POLICY #
SIRHAN SIRHAN
 INSURED _____ POLICY TERM _____
 CONVERSATION WITH Mrs. Bryan CLAIM # X 203445
5432119
Had to cancel policy for
May 19.

822

47
1-7
AK

DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case. *X* *263445*
 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) _____ \$ _____
71.50
668 TOTAL \$ 5.50 *22.25*

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 S. Gordon Kiehn, M.D.
 Address 48 N. El Molino Ave., Suite 203
Pasadena, California 91101

Signature *[Signature]*
 Date May 4, 1967

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

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 Sirhan Sirhan
 DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF Feb. & March, 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____ Patient still under treatment.

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

Code: O—Office; Y—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
Feb.																					O										
Marc.									O														O								

Totals

First aid treatment (describe) _____ \$ _____
 Office Visits 2-21, RVS 0002 - \$55.00, 3-9 & 3-23, RVS 9004 - \$5.50 ea. \$ 66.00
 Home Visits _____ \$ _____
 Hospital Visits _____ \$ _____
 Operations _____ \$ _____
 MATERIAL (itemized at cost) _____ \$ _____

TOTAL \$ 66.00

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 *E. Gordon Klehn*

Address 48 N. El Molino, Suite 202
Pasadena, California

Date 4-3-67

824

ARGONAUT INSURANCE

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

825

May 2, 1967

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

02X-203445
ALFVILIESCU CONST. CO. INC.
SIRHAN SIRHAN
9/25/66

Tuesday, May 23, 1967

11:00 A.M.

Samuel Weaver, H.D.
1125 E 17th St
Santa Ana, Calif.

Phone: KI 2-7489

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

R. J. FORTNICK

cc: Samuel Weaver, H.D.

P.S. Report enclosed. Please examine and comment
on any neuro problems that may exist.

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

826

ANSWER OF ~~ARCONAUT INSURANCE COMPANY~~~~STRIAN D. STRIAN~~
(EMPLOYEE)Case No. ~~Appl. dated: 7-10-67~~~~696 E. Howard, Pasadena, Calif.~~Date of alleged injury: ~~9/25/66~~

vs.

~~ALEXILLISCH CONSTRUCTION CO.~~~~GRANSA VISTA UNIT #10~~
(EMPLOYER)~~Box 1593, Rt. 1, Corona, Calif.~~~~ARCONAUT INSURANCE COMPANY~~
(INSURANCE CARRIER ASSIGNEE)~~443 Shatto Pl., Los Angeles, Calif.~~

(CERTIFICATE NUMBER IF SELF-INSURED)

ANSWERING DEFENDANTS deny the allegations of the Application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

(MARK X IF ALLEGATION IS DENIED)

EXPLAIN BELOW

~~XX~~ Employment~~being investigated~~~~XX~~ Occupation~~XX~~ Injury

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

~~XX~~ Insurance coverage~~being investigated~~

(CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

~~XX~~ Liability for self
procured treatment~~XX~~ Liability for future
medical treatment~~XX~~ Medical-legal costs~~XX~~ Earnings~~XX~~ Periods of disability

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)

~~XX~~ Permanent disability~~apportionment~~

(IF APPOportionMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ ~~none~~ at the rate of \$ _____ a week
beginning _____ through _____ plus _____

2. Affirmative defenses and other matters: _____

Defendants do not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice if other issues develop.

Estimated time for trial: _____

Dated at ~~Los Angeles~~, California, ~~7/26/67~~All defendants' medical reports have been
filed _____Additional reports will be filed before
trial _____Pre-trial wanted: _____
YES NO~~ARCONAUT INSURANCE COMPANY~~
By: ~~McLaughlin, Burns, Dalbey & Cunniff~~
s/ Ray D. Cunniff
1717 No. Highland Ave., L.A., Calif. 90028
~~466-8541~~
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

POLICY NUMBER						CLAIM NUMBER				
CO.	INCURRED DATE	LINE	ST.	FM.	MO/YR	SERIAL	DM.	LTR.	SERIAL	CLASS
1	10-07-66	000	04	00	210	056370	02	X	203445	0037
ALTFILLISCH CONSTRUCTION COMPANY, INC. Box 159B Rt. 11, Corona, California										EMP. ADDR.
Miller & Ames of Calif. 3625 W. 6th St. Los Angeles, Calif.						ACC DATE	Y	M	D	PROG. CODE
						09-25-66	0	3	0	5715
						01-01-66-67	POLY CODE			
SIRHAN, SIRHAN c/o Rt. 1 Box 159B Corona, California						CLAIMANT NAME ADDRESS	PART		CAUSE	
lac. up. chin ok						NATURE	Thrown off horse		CAUSE	
Norco, Calif.						LOCATION				
Richard A. Hanson						DOCTOR				
Hanner St., Norco, California						ADDRESS				
IDENTITY	AMOUNT	MEDICAL	ALLOC.	TOTAL	COMPENSATION RESERVE					
2200	00	250	00	250	00	2700	00			

RESERVE CHANGE ADVICE

	OLD RESERVE	NEW RESERVE
Indemnity REOPEN	\$ 22.00	\$ 22.00
Medical	262.10	750.00
Allocated	0.00	350.00
Total	\$ 262.10	\$ 330.00

Date _____ Division RA

By [Signature]

POLICY NUMBER				CLAIM NUMBER						
CO	INCURRED DATE	LINE	ST.	DM.	MOV/TK	SERIAL	DTA	LTR	SERIAL	CLASS
1	10-07-66	000	00	20	210	056370	02	X	203445	0037
ALIFILLISCS CONSTRUCTION COMPANY, INC.										CONV.
Box 159B Rt. 1, Corona, California										EXP. ADDR.
Miller & Ames of Calif.				AGE DATE		TYPE		PROD. CODE		EXP.
3625 W. 6th St.				09-25-66		0		3 0		5715
Los Angeles, Calif.				01-01-66-67						EXP.
SIRHAN, SIRHAN				CLAIMANT (FAMILY ADDRESS)		NAME		CAUSE		
c/o Rt. 1 Box 159B										
Corona, California										
Inc. up. chin bk				NATURE		throwa off horse		CAUSE		
Norco, Calif.								LOCATION		
Richard A. Nelson								DOCTOR		
Hammer St., Norco, California								ADDRESS		
INDUSTRY		MEDICAL		ALLOC.		TOTAL		COMPENSATION		
2200 00		250 00		250 00		2700 00		RESERVED		

CLAIM CLOSING ADVICE

TO TABULATING DEPARTMENT

823

	OLD RESERVE	NEW RESERVE
Indemnity	\$ 2000	\$ 0
Medical	250	1250
Allocated	000	
Total	\$ 2250	\$ 1250

Date 10/10 Division 1

RICHARD A. NELSON, M.D., F.A.C.S.

760 SOUTH WASHBURN, SUITE 7,

CORONA, CALIFORNIA 91720

737-5892 - 688-8731

GENERAL SURGERY

October 26, 1966

Argonaut Insurance
1001 Wilshire Blvd
Los Angeles, California

Re: Sirhan Sirhan
Employer: Granja Vista Del Rio

Dear Sirs:

The above named patient was again seen by me today, October 26, 1966, with complaints of diminished field of vision of left eye. We had thought that he was progressing very well considering the seriousness of his accident, when we last saw him on October 6, 1966, consequently, we sent you a final bill on the same date. Since this problem with his vision has arisen, we are writing to you for permission to refer him to Dr. Nilsson, M.D. ophthalmologist. We would appreciate hearing from you as soon as possible.

Thanking you very kindly, I remain

Sincerely,

Richard A. Nelson, M.D.

830

X 243445

Mr. Sirhan Sirhan,
696 East Howard,
Pasadena, California

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

DATE	CHARGES						CREDITS			BALANCE		
	O	A	B	C	D	5000	MISC.	ON ACCT.	CASH		ADJ.	
7-25-66		50.00	Emergency care and repair of lacerations by Dr. Richard A. Nelson						BALANCE FORWARD ->			50.00
10-6-66	N/C	patient dismissed today.										
FINAL BILLING.												
831										50.00		

BENJAMIN E. HERNDON, M.D.
JOHN WM. SCHNEPFER, M.D.
103 WEST NINTH STREET • CORONA, CALIFORNIA
CORONA - 737-5992 • RIVER-SIDE - 688-8731

PLEASE PAY
LAST AMOUNT IN
THIS COLUMN

EXPLANATION OF CHARGES
O = OFFICE CALL
A = HOME OR HOSPITAL CALL
* S = SURG. ASSIST, OR ANESTH.
C = CONSULTATION

2025 RELEASE UNDER E.O. 14176

STATEMENT

Thomas MORTUARY

Formerly Bell-Thomas Mortuary
ESTABLISHED 1891

1118 East Sixth Street, Corona, California
P. O. Box 762

Kenneth A. Thomas

Phone 737-3244

October 1, 1966

Altfillisch Construction
Rt. 1 Box 159B
Corona, California

For Services Rendered - SIRHAN SIRHAN
13200 Citrus Ave.
Granja Vista Del Rio Ranch
Corona, California

September 25, 1966 - Ambulance service from 13200 Citrus Ave.
to Corona Community Hospital.

OK \$15.00
PAY D.B.
10-10-66

832

TWENTY-FOUR HOUR AMBULANCE SERVICE

MEMBER, THE ORDER OF THE GOLDEN RULE

2025 RELEASE UNDER E.O. 14176

ARGONAUT INSURANCE

TO APL TENE FROM JIM RING DATE 10-10 1960
 INJURED SIMMAN S. IDHAI POLICY #
 INSURED ALTFILLISCH CONST. CO. POLICY TERM
 CONVERSATION WITH ASSURED #737-5375 CLAIM # 2X 203445

ASSURED STATES! CAN'T REACH ASSURED
HOLD COAP FOR S.R.

DR. NELSON NO PHONE LISTED

RETURN TO EXAMINER
STAND LETTER TO WITHHOLD
COAP UNTIL WE RECEIVE
DOCTOR'S REPORT

Argonaut Insurance

RESERVE COMPUTATION SHEET

Claim No. V-203443-

Name of Injured Sirhan Sirhan Date of Injury 7/25/64

Age 22 Occupation Operator Group Letter E

Comp. Rate (Temp.) 53.44 (P.D.) 52.50 Based on Wage of 84.54

Estimated P.D. Rating 3 %, Or 12 Wks. \$ 10.30⁰⁰

Temp. Comp. Paid 0 Wks. \$ 0

Further Est. Temp. 0 Wks. \$ 0

Total Temp. Comp. \$ 0

Total Comp. Est. \$ 1000-

Med. Paid \$ 228¹⁰

Future Est. Med. \$ 500- Total Med. Est. \$ 800⁰⁰

Estimated By Rebber Date 5/5/67

Rating Factors, Objective 1 1/2 cm lacer on face - near eye lid

Subjective

Rating Formula 4.12 - 5% - 1 - (E) 4% - 3%

Reviewed By 834 Date

1000 -
800 -
250 -
2050 -

July 27, 1967

Mr. Sirhan Sirhan
696 East. Howard Street
Pasadena, California

CRX 203445
ALBERTSONS CORP. CO.
SIRHAN SIRHAN
9/25/66

Tuesday, August 15, 1967

1:30 P.M.

Albert Eichen, M.D.
6753 Hollywood Blvd
Hollywood, Calif.

HD 6-4205

J. D. STEINER

cc: Palmer & Eichen
cc: McLaughlin, Burns, Dalby & Canning

cc: Dr. Albert Eichen

..P.S. Our medical enclosed.

Please examine and advise us of your findings.

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

835

E. Gordon Kiehn, M.D.

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

April 4, 1967

Argonaut 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.

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.

ECK:ra

Sincerely,

E. Gordon Kichn., M.D.

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 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 Granja Vista Del Rio - Alfillsch Const. Company
 2. Address (No. and Street) 13200 Citrus City Corona, Calif.
 3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.) Ranch

DO NOT WRITE IN THIS SPACE

4. EMPLOYEE (First name, middle initial, last name) Mr. Sirhan Sirhan S.S. No. [REDACTED]
 5. Address (No. and Street) 696 E. Howard St. City Pasadena, California
 6. Occupation Exercises horses Age 22 Sex Male Marital Status Single
 7. Date injured Sept. 24, 1966 Hour 7:30A M Date last worked Off two weeks
 8. Injured at (No. Street and City) 13200 Citrus County [REDACTED]
 9. Date of your first examination Feb. 21, 1967 Hour 9:00A M Who engaged your services? Milton A. Miller, Ontario
 10. Name other doctors who treated employee for this injury Richard Nelson, M.D.

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 [REDACTED] Estimated stay [REDACTED]
 Name and address of hospital See attached report.
 16. Further treatment (estimated frequency and duration) See attached report.
 17. Estimated period of disability for: Regular work Not disabled. Modified work [REDACTED]
 18. Describe any permanent disability or disfigurement expected (state if none) See attached report.

19. If death ensued, give date [REDACTED]

20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)

838 - F 39

Name L. Gordon Kiehn, M.D.
 (Type or Print)

PERSONAL SIGNATURE OF DOCTOR

[Signature]

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

P.O. BOX 965 S.F. 94101

2025 RELEASE UNDER E.O. 14176

FIRST REPORT

ARGONAUT INSURANCE

TO Alb FROM Switzer Switzer DATE 2/28 1967
 INJURED W. H. Gillich POLICY #
 INSURED W. H. Gillich POLICY TERM
 CONVERSATION WITH W. H. Gillich - X-Rays CLAIM # Nov 1966 208445

He took X-Rays of this guy in 2-1967
 The X-Rays he is being treated now
 by a doctor in Pasadena

840

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., L.A.

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

EMPLOYER Altfillisch Construction

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF November & Dec., 1966

Patient refused treatment..... 19.....

Patient able to return to work..... 19.....

Patient stopped treatment
without orders..... 12-20-66..... 19.....

Patient discharged as cured..... 19.....

Patient entered hospital..... 19.....

Condition at time of last visit.....
Inconsistent results with H.F., O.S.

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
November								0						0								0									
December																				0											

Totals

First aid treatment (describe)..... Office call and examination..... \$ 11.00

Office Visits..... 3 @ 5.50..... \$ 16.50

Home Visits..... \$

Hospital Visits..... \$

Operations..... \$

MATERIAL (Itemized at cost)..... \$

TOTAL \$ 27.50

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..... Paul Nilsson, M.D., F.A.C.S.

Signature..... Paul Nilsson, M.D.

Address..... 824 South Main Street

Date..... 1-19-67

Corona, California

841

				POLICY NUMBER			CLAIM NUMBER			
CO.	INCURRED DATE	LINE	ST.	DEV.	MO/YR	SERIAL	DEV.	LTR.	SERIAL	CLASS
1	10-07-66	000	06	20	210	056370	02	X	203445	0037
										CONV.
ALTFILLISCH CONSTRUCTION COMPANY, INC. Box 159B Rt. 01, Corona, California										EMP. ADDR.
Miller & Arnes of Calif. 3625 W. 6th St. Los Angeles, Calif.				ACQ. DATE		T	E	R	PROD. CODE	BY
				09-25-66		0	3	0	5715	BY
				01-01-66-67						FOL. TERM
SIRHAN, SIRHAN c/o Rt. 1 Box 159B Corona, California				CLAIMANT NAME ADDRESS				PART CAUSE		
acc. up. chin bk				NATURE				thrown off horse		
Norco, Calif.								LOCATION		
Richard A. Nelson								DOCTOR		
Hamner St., Norco, California								ADDRESS		
IDENTITY		MEDICAL		ALLOC.		TOTAL		COMPENSATION RESERVE		
2200.00		250.00		250.00		2700.00		00		

REOPEN RECLOSE

CLAIM CLOSING ADVICE

TO TABULATING DEPARTMENT

	OLD RESERVE	NEW RESERVE
Indemnity	\$	\$ 0
Medical	1,360	2,000
Allocated		
Total	1,360	2,000
Date	8/2	
Division		

103 WEST NINTH STREET • CORONA, CALIFORNIA
CORONA-737-5892 • RIVERSIDE-688-8731

Re: Sirhan, Sirhan
2696 E. Howard
Pasadena, California

203445

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE—CANCELLED CHECK IS YOUR RECEIPT

[illegible]

515-65 K27728

BENJAMIN E. HERNOOD, M.D.
JOHN WM. SCHNEPP, D.D.
103 WEST NINTH STREET • CORONA, CALIFORNIA
CORONA - 737-5892 • RIVERSIDE - 88-8731

PLEASE PAY
LAST AMOUNT IN
THIS COLUMN

EXPLANATION OF CHARGES
O. OFFICE CALL
A. HOME OR HOSPITAL CALL
B. SURG. ASSIST. OR ANESTH.

D - INSURANCE RECEIPTS
F - PAPER WORK CHARGES

2025 RELEASE UNDER E.O. 14176

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH

P. O. Box 963, San Francisco, Calif. 94101

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research. 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

1. EMPLOYER Altfillisch Construction
2. Address (No., St. & City) 13200 Citrus, Corona
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.)
4. EMPLOYEE (First name, middle initial, last name) Mr. Sirhan Sirhan Soc. Sec. No. [REDACTED]
5. Address (No., St. & City) 696 E. Howard, Pasadena
6. Occupation [REDACTED] Age 21 Sex M
7. Date injured 7-24-66 Hour 7:30 AM Date last worked [REDACTED]
8. Address (No., St. & City) 13200 Citrus, Corona County Riverside
9. Name of your first examiner [REDACTED] Hour 4:30 PM Who engaged your services? [REDACTED] company
10. Name other doctors who treated employee for this injury Richard Nelson, M.D.

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? yes Employee's statement of cause of injury or illness:

Fell from horse and crashed on rail.

* 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.)

Objective findings: Epicanthal scar 1 1/2 cm left eye. The scar is slightly tender to touch. Vision in each eye 20/20; however, left not as sharp as right. Cornea clear, anterior chamber clear, pupils round and equal and react to light, fundi present, no pathology, fields normal.
Diagnosis: Epicanthal scar, 1 1/2 cm, left eye.

13. X-rays: By whom taken? (State if none)
Findings:

14. Treatment: Observation - to return in one month

15. Kind of case (Office, home or hospital) office If hospitalized, date [REDACTED] Estimated stay [REDACTED]
Name and address of hospital [REDACTED]
16. Further treatment (Estimated frequency and duration) Exams 2 months
17. Estimated period of disability for: Regular work 20 days Modified work 10 days
18. Describe any permanent disability or disfigurement expected (See if none) none anticipated

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.)

PERSONAL
SIGNATURE OF
DOCTOR

of report

11-22-66

Address

845 524 S. Main Street, Corona, Calif.

846

The Bureau is fully a good
of. any of your interest in the above
- report on flood area, was receiving
admission. 10. Satisfaction of P. B. will.

CONVERSATION WITH

CLAIM #

POLICY TERM

INSURED

POLICY #

INSURED

DATE

FROM

TO

ARGONAUT-INSURANCE

11/9/6

19

ARGONAUT INSURANCE

TO _____ FROM Jan 18 DATE 11-7 1966
INJURED _____ POLICY # _____
INSURED _____ POLICY TERM _____
CONVERSATION WITH _____ CLAIM # 3X 303445

714-737-5892 - Dr. Nelson -

Called & auth. Eye Exam by
Dr. Nelson - gave claim # and
asked that report of exam be
sent to us

847

FILL OUT AND
FORWARD 3 COPY
IMMEDIATELY AFTER
FIRST SEEING
PATIENT

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA

EMPLOYMENT COMPENSATION INSURANCE FUND

PROBATION DEPARTMENT WATERBURY STREET, SUITE 200, SAN FRANCISCO, CALIFORNIA 94101

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. ARGONAUT INSURANCE CO., 1001 Wilshire Blvd., Los Angeles, Calif.

1. EMPLOYER <u>Granja Vista del Rio Alfamilisch 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>696 East Warner Pasadena, California</u>	
6. Occupation <u>Horse trainer</u> Age <u>22</u> Sex <u>Male</u>	
7. Date injured <u>9-25-66</u> Hour <u>8:30 A.M.</u> Date last worked <u>9-25-66</u>	
8. Injured at (No. St. & City) <u>on the job.</u> County <u>Riverside</u>	
9. Date of your first examination <u>9-25-66</u> Hour <u>2:30 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>Laceration of left upper eye lid; Bilateral foreign bodies (sand) in eyes; laceration of chin, complex, 5 cm. total length; large contusion of dorsal back; unmarked 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 areas as mentioned above; Repair of laceration 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 _____ Estimated stay _____ Name and address of hospital <u>Corona Community Hospital 320 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 NILSSON, M.D.</u>	

N. B.—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, 8/18 M.D. [PERSONAL SIGNATURE OF DOCTOR]

Date of report 11-3-66 Address (No. St. & City) 760 S. Washburn Ave. Corona, Calif. Tel. No. _____

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO
STATE OF CALIFORNIA

Department of Industrial Relations
Division of Labor Statistics & Research

Insurance Company
1001 WILSHIRE
LOS ANGELES 17, CALIF.

Every question must be answered fully to avoid
further correspondence. FAILURE TO FILE IS A MIS-
DEMEANOR, SUBJECT TO MAXIMUM FINE OF \$100.
(Lab. & Sec. Sections 6407-6413)

INDemnity	
MEDICAL	
ALLOCATED	
TOTAL	
CATASTROPHE	OCC. DIS.
EXTENT	SUERO.
BY: 10-7-6	TERRITORY:

Every work injury to an employee which causes disability lasting longer than 3 days 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 LOST TIME REPORT

EMPLOYER 1. Name (Give name under which concern does business) <u>Alfred J. Sirhan Construction Co.</u> 2. Office Address (No. and Street) <u>Box 159 B</u> (City or Town) <u>Corona, Calif.</u> 3. Nature of business (Manufacturing, wholesaling, retailing, men's clothes, trucking, etc.) <u>farm horse training track</u>		POLICY NUMBER [REDACTED]	DO NOT WRITE IN THIS COLUMN Case No. Employer No. Industry Age Sex and Marital Status Weekly Wage County Accident Date Occupation Accident Type Agency Agency Part Mech. Defect Unsafe Act Personal Defect
INJURED EMPLOYEE 4. Name <u>Sirhan Sirhan</u> 5. Address (No. and Street) <u>888 c/o Rt 1 Box 159 B</u> (City or Town) <u>Corona</u> 6. Age <u>22</u> 7. Sex: Check (✓) Male <u>X</u> Female <u> </u> 8. Check (✓) Married <u> </u> Single <u>X</u> 9. Number of hours worked per day <u> </u> ; per week <u> </u> Number of days worked per week <u>6</u> 10. Wages \$ <u> </u> per hour, or \$ <u>86.50</u> 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 \$ <u> </u> or \$ <u> </u> per week. 12. Under which law is liability for policy with his wages settled?		SOCIAL SECURITY NO. [REDACTED]	
ACCIDENT 12. Place of accident (No. and Street) <u>13200 Citrus</u> (City or Town) <u>Norco</u> (County) <u>Riverside</u> 13. On employer's premises (Yes or No) <u>Yes</u> Department <u>training barn</u> 15. Date of accident <u>9-25-66</u> 16. At what day <u>9:30 A.M./P.M.</u> 17. Did injury result in disability beyond 3 days of accident? (Yes or No) <u>Yes</u> If yes, give date last worked <u>9-25-66</u> 19. Was injured paid in full for this day? (Yes or No) <u>Yes</u> 20. If injured in a mine, check (✓) accident location: Surface <u> </u> Mill <u> </u> Underground <u> </u> Shaft <u> </u>		Occupation Accident Type Agency Agency Part Mech. Defect Unsafe Act Personal Defect	
CAUSE OF ACCIDENT 21. Occupation (Job title) <u>exercise boy</u> 22. How long employed by you at this occupation? Check (✓) Less than 6 mos. <u>X</u> 6 mos. to 2 yrs. <u> </u> over 2 yrs. <u> </u> 23. What was employee doing when accident occurred? (Describe briefly such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.) <u>riding horse</u> 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.) <u>while working horse, horse started to drift and saddle turned - throwing exercise boy</u> 25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gun, 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? (Yes or No) <u> </u> 28. Was injured using them? (Yes or No) <u> </u> 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, "By being more careful." Specify what should or should not be done.)		Occupation Accident Type Agency Agency Part Mech. Defect Unsafe Act Personal Defect	
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.) <u>laceration of chin, contusion of back, cont. of 1 hand</u> 31. Name and address of physician <u>Richard A. Olson, Hesper St., Norco</u> 32. Name and address of hospital <u>Corona Community Hospital, Corona, Calif.</u> 33. How long unable to work? (Yes or No) <u>no</u> 34. If yes, give date <u> </u> 35. At what wage? \$ <u> </u> per <u> </u> 36. Did injury result in death? (Yes or No) <u>no</u> 37. If yes, give date <u> </u> 38. In case of death, give name and address of nearest relative		Nature of Injury Location Extent of Injury	
39. Give details <u> </u> 40. Was injury caused by anyone else? <u>Yes</u> Name <u> </u> Address <u> </u> 41. On reverse side list names of witnesses <u>549-850</u> 42. Date Employer was notified of injury <u>immediate</u> When will injured return to work? <u>unknown</u> Signed by <u> </u> Official position <u>Officer and date 9-30-66</u>		Insurance Carrier Report Log Coded By	

L-31-91

POLICY NUMBER						CLAIM NUMBER				
CO.	INSURED DATE	LINE	ST.	DIV.	NO/YR	SERIAL	DIV.	LTR.	SERIAL	CLASS.
1	10-07-66	000	04	20	210	056370	02	X	203445	0037
ALTFILLISCH CONSTRUCTION CO., INC.										CONV.
Box 159B Rt. 1 Corona, Calif.										EXP. ADDR.
Miller & Ames of Calif.						ACC. DATE	TYPE	EXT.	REC. IN	PROD. CODE
3625 W. 6th St.						09-25-66	0	3/0	5715	BY
Los Angeles, Calif.						01-01-66-67	POL. YEAR			
SIRHAN, SIRHAN							CLASST	PART		
c/o Rt. 1 Box 159B							RECE	CAUSE		
Corona, California							ADDRESS			
lac. up chin bk						NATURE	thrown off horse	CAUSE		
Norco, Calif.						LOCATION				
Richard A. Nelson						DOCTOR				
Hammer St., Norco, Calif.						ADDRESS				
INDEMNITY	MEDICAL	ALLOC.	TOTAL	COMPENSATION						
2200	250	250	2700	RECEIVED						

CLAIM CLOSING ADVICE TO TABULATING DEPARTMENT

	OLD RESERVE	NEW RESERVE
Indemnity	\$ 0	\$ 0
Medical	234.60	234.60
Allocated	0	0
Total	\$ 234.60	\$ 234.60

Date 1-6-67 Division 1

867-852

HOSPITAL NO. 7988
DATE ADM. 9-25-66
HOUR ADM. 12:30 pm
DATE DISCH. 9-26
HR. DISCH. 135

[illegible]

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.

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

CORONA COMMUNITY HOSPITAL
812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA
TELEPHONES: 737-4343 — 688-0093

BILLING AGENT FOR
PAUL H DEER M.D.
JOHN W RIZZAR M.D.
RADIOLOGISTS

THOMAS E JONES, M D
PATHOLOGIST

PATIENT'S STATEMENT

ARGONAUT INSURANCE

TO <u>Smith</u>	FROM <u>47</u>	DATE <u>10/25/69</u>
INJURED _____	POLICY # _____	
INSURED _____	POLICY TERM _____	
CONVERSATION WITH _____	CLAIM # <u>203445</u>	
<u>OK to pay & close.</u>		
<u>Code 3</u>		
<u>OK</u>		
<u>10/28/66</u>		

CLM 547-R1

254

ALTFILLISCH CONSTRUCTION COMPANY, INC.
BOX 159B Rt. #1
Corona, Calif.

CLAIMS COVERAGE SHEET

Miller & Ames of Calif.
3625 W. 6th St.
Los Angeles, Calif.

CLAIM NO. 203445

CODE NO. 5715

POLICY NO.

POLICY TERM

20-210-056370

1/1/66-67

ENDORSEMENTS AFFECTING COVERAGE:

All Exec. Officers

FACTS OF ACCIDENT, EXTENT, DESCRIPTION OF LOSS
OR INJURY:

INDIVIDUAL	CO-PART	CORPORATION	OTHER	LOSS LOCATION:	
		X			
POL. FORM	KIND COVERAGE	LIMITS / AMOUNT	REIN	CO.	LOSS PAYEE
COMPREHENS.			YES		
SCHEDULE			NO	H A Z A R D I N V O L V E	OLY M/C ELEV. PROTECT. PROD.
					CONTRACT MED. PAY. CPL COMPR. FORM STOREKEEP.
MAKE-UP CLAIM	X	C	A	DP	T E R/I
					DEDUCTIBLE
					ACCIDENT DATE
ID. OR LOSS	MED.	ALLOC.	S X	CLAIMANT	LINE
			0		
			1		
			2		
			3		
			4		
			5	055	
			6		
			7		
			8		
2025 RELEASE UNDER E.O. 14176					
MOTOR NO.					
AUDIT DEPT. CLASS CODE CK					
DATE 10-6-66					BY M.A.
RESERVED					BY
COV. CK ns					BY 10/6
REQ. ON 10/6					
REC'D ON 10/6					
MADE-UP					BY

FEDERAL BUREAU OF INVESTIGATION

1

6/7/68

Date _____
FLAVIO TOTEN, 280 Bella Vista Avenue, Pasadena, California advised that his father, ASHLEY L. TOTEN, was appointed under former President JOHN F. KENNEDY as a Commissioner for the Virgin Islands Development Program in 1962. TOTEN said that his father died in 1963 while on this job. FLAVIO TOTEN said that he, himself, lived in Washington, D.C., from approximately 1942 to 1962 and during the years from approximately 1952 to 1962 he was employed at the Embassy of Burma in Washington, D.C. He said that during this time, he had met Senator ROBERT F. KENNEDY, on occasion, and that he had great respect for him. He said that he even recently had maintained correspondence with Senator KENNEDY and that he hoped should KENNEDY be elected, he would be able to go back to Washington and work in the administration in some capacity.

Mr. TOTEN said that he is a customer at the Richfield Gas Station owned by JACK DAVIES, 2529 East Foothill, Pasadena, where SIRHAN SIRHAN was formerly employed. Mr. TOTEN said that approximately two years ago he met SIRHAN at the station and that he saw him quite frequently in connection with using the services of this station while SIRHAN SIRHAN was employed there. He said that he and SIRHAN passed the time of day on occasion and that their discussions never encompassed any political views which either he or SIRHAN had, but that he does recall SIRHAN frequently stated that he had "No money. Just hard work".

He said that SIRHAN seemed to him to be a warm and friendly individual and that he cannot recall SIRHAN ever making any remark which could be considered anti-United States.

TOTEN further advised that during his discussions with SIRHAN, he determined that SIRHAN was attending Pasadena City College and that SIRHAN mentioned to him that he may possibly someday hope for some kind of a diplomatic career, however, the details of this were not discussed in depth.

6/7/68 Pasadena, California Los Angeles 56-156
On _____ at _____ File # _____
SA RONALD H. BROYLES/alm 6/7/68
by _____ Date dictated _____

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LA 56-156
RHB/alm

Mr. TOTEN said that at the present time he is not gainfully employed, however, he is doing some work toward the advance training on his commercial pilot's license and that this training is at the El Monte Flight Service in El Monte, California. He said that he and SIRHAN never socialized whatsoever, however, he did on one or two occasions invite SIRHAN for a plane flight, however, SIRHAN never showed up to take such flight. He said that the last time he saw SIRHAN was approximately one month ago in downtown Pasadena at a coffee shop where both happened to be having coffee at the same time.

Mr. TOTEN advised that during the time that he knew SIRHAN and had conversation with him that he had no idea whatsoever that SIRHAN was unhappy with the American way of life nor did he have knowledge of any planned action which SIRHAN may take.

Mr. TOTEN said that he did not know any individuals with whom SIRHAN may have been particularly friendly.

FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

VARTAN MALIAN, Foothill Liquors, 2547 East Foothill Boulevard, Pasadena, California, advised that SIRHAN SIRHAN used to come into his business when he worked at the Richfield Service Station located at 2529 East Foothill Boulevard, Pasadena, California.

MALIAN advised that he never knew SIRHAN personally and never carried on any type of conversation with SIRHAN. He advised that several of the employees who worked at the Richfield Service Station would come into his business for either cigarettes or candy but none of them actually became friendly or talked freely to him.

He advised that after seeing a photograph of SIRHAN on television, he realized that this was the individual who used to work at the Richfield Service Station in 1964.

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

Date 6/8/68

Mrs. NELL GORIS, 675 East Howard Street,
Pasadena, California, furnished the following information:

She has resided at that address for approximately seven years. She is acquainted with Mrs. MARY SIRHAN who has resided in the neighborhood for approximately the same period of time. She was not acquainted with the sons of MARY SIRHAN on an individual basis, but it was her recollection that there were two sons who resided with her, one of which she believed to be SIRHAN SIRHAN, and two or three other sons who lived in an apartment in the area and who came and had supper with the mother and other members of the family in the evening.

Mrs. MARY SIRHAN visited in her residence on one or two occasions, and their acquaintance came about through her husband, Mr. GORIS, who, for a period of time, worked at the Westminster Presbyterian Church located on Lake Avenue in Pasadena, where Mrs. MARY SIRHAN was employed at the Westminster Nursery School. Her husband is currently employed at the Pasadena Humane Society. It was her recollection that the SIRHANs had a close family relationship, and the two SIRHANs who resided with the mother, one of which she believed was SIRHAN SIRHAN, were always well dressed and neat in their appearance while attending school in the area. Her acquaintanceship with Mrs. MARY SIRHAN and her family was very limited, however, an acquaintance, Mrs. THEODORA VON AMERSFOORD was employed at the Westminster Nursery School with Mrs. MARY SIRHAN, the mother of SIRHAN SIRHAN, and she may have some more personal knowledge of the family and their activities. She stated that another neighbor had related to her that Mrs. SIRHAN was extremely worried at one time, approximately two years ago, shortly after she lost her daughter, who lived in Palm Springs, California, when SIRHAN SIRHAN left the residence, and Mrs. MARY SIRHAN did not know his whereabouts for quite sometime. He later returned home, and

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

by SA JOHN J. FLYNN/eb Date dictated 6/8/68

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