

BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

**FILED**

**WORKERS' COMPENSATION COURT  
STATE OF OKLAHOMA**

**February 6, 2012**

**Robert L. Tharp  
COURT CLERK**

**In re claim of:**

JACOB HUNT )  
Claimant )  
CITY OF NORMAN )  
Respondent )  
CITY OF NORMAN (OWN RISK #10970) )  
Ins. Carrier )

Court Number: 2011-01174A

Claimant's Social Security  
Number: xxx-xx-1377

**ORDER AWARDING THE NATURE AND EXTENT OF  
PERMANENT PARTIAL DISABILITY BENEFITS**

Now on this 5th day of FEBRUARY, 2012, this cause came on for consideration pursuant to regular assignment and hearing on FEBRUARY 2, 2012, before JUDGE JOHN MICHAEL MCCORMICK, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, GREG A BARNARD and respondent and insurance carrier appeared by counsel, JEANNE SNIDER.

The Court having considered the evidence and records on file, and being well and fully advised in the premises FINDS AND ORDERS AS FOLLOWS:

- 1 -

THAT on JUNE 19, 2010, claimant was employed by the above named respondent and such employment was subject to and covered by the provisions of the Workers' Compensation Act of the State of Oklahoma; and on said date claimant sustained accidental personal injury to the HEAD, CERVICAL SPINE, LUMBAR SPINE, LEFT SHOULDER with consequential PSYCHOLOGICAL OVERLAY arising out of and in the course of claimant's employment.

- 2 -

THAT claimant is a police officer who was involved in an auto accident injuring his HEAD, CERVICAL SPINE, LUMBAR SPINE and LEFT SHOULDER. Squad car caught on fire following high speed chase. Claimant suffered consequential PSYCHOLOGICAL OVERLAY as a result of event and injuries.

- 3 -

THAT at time of injury, claimant's wages were sufficient to establish the rate of compensation at \$359.00 per week for permanent partial disability.

- 4 -

THAT temporary total disability is not at issue herein.

- 5 -

THAT as a result of said injury, claimant sustained 2 percent permanent partial disability to the HEAD, 4 percent permanent partial disability to the CERVICAL SPINE and 24 percent permanent partial disability to the LEFT SHOULDER (surgery), for which claimant is entitled to compensation for 150 weeks at \$359.00 per week, or the total amount of \$53,850.00 of which 52 weeks have accrued and shall be paid in a lump sum of \$18,668.00.

- 6 -

THAT claimant did not sustain permanent partial disability to the LUMBAR SPINE or due to PSYCHOLOGICAL OVERLAY.

- 7 -

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury through the date of this order.

- 8 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$18,668.00 and pay the balance of said award at the rate of \$359.00 per week until the total award of \$53,850.00 (less attorney fee) has been paid to claimant.

- 9 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$403.88, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$1,077.00 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

- 10 -

THAT pursuant to Title 85 O.S. Section 368, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent to the Court Administrator.

- 11 -

THAT the sum of \$10,770.00 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

*/s/ John M. McCormick*

JOHN MICHAEL MCCORMICK, JUDGE

pj/KAnderson

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: GREG A BARNARD  
225 N PETERS  
NORMAN, OK 73069-7232

Respondent's Attorney: R BLAINE NICE  
PO BOX 370  
NORMAN, OK 73070-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

*Robert A. Sharp*



Court Clerk  
February 6, 2012