

BEFORE THE WORKERS' COMPENSATION COURT OF THE STATE OF OKLAHOMA

**FILED**

**WORKERS' COMPENSATION COURT  
STATE OF OKLAHOMA**

**October 4, 2013**

**Joyce Sanders  
COURT CLERK**

**In re claim of:**

HAROLD D GLOVER	)	
Claimant	)	
	)	Court Number: 2010-09518H
NORMAN FIRE DEPARTMENT	)	
Respondent	)	
	)	Claimant's Social Security
CITY OF NORMAN (OWN RISK #10970)	)	Number: xxx-xx-3085
Ins. Carrier	)	

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

Now on this 25th day of SEPTEMBER, 2013, this cause came on for consideration pursuant to regular assignment and hearing on SEPTEMBER 3, 2013, before JUDGE BOB LAKE GROVE, at Oklahoma City, Oklahoma, at which time claimant appeared in person and by counsel, NICOLE LYNN BELL 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 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 JUNE 29, 2010, claimant became aware he had sustained accidental personal injury as a result of cumulative trauma to the LUMBAR SPINE arising out of and in the course of claimant's employment. Claimant's last injurious exposure to said trauma was on JUNE 29, 2010.

- 2 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$683.00 per week for temporary total disability and \$359.00 per week for permanent partial disability.

- 3 -

THAT as a result of said injury, claimant sustained 36 percent permanent partial disability to the WHOLE MAN LUMBAR SPINE (objective medical evidence, loss of range of motion, weakness, neuropathy, four unoperated disc lesions and per MRI resulting in permanent anatomical abnormality)(**over and above 1995 lumbar injury; pain in low back; four months of treatment; epidural steroid injection; no rating**), for which claimant is entitled to compensation for 180 weeks at \$359.00 per week, or the total amount of \$64,620.00 of which 84 weeks have accrued and shall be paid in a lump sum of \$30,156.00.

- 4 -

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.

- 5 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$30,156.00 and pay the balance of said award at the rate of \$359.00 per week until the total award of \$64,620.00 (less attorney fee) has been paid to claimant.

- 6 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$484.65, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$1,292.40 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

- 7 -

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.

- 8 -

THAT the sum of \$12,924.00 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/ Bob Lake Grove*

BOB LAKE GROVE, JUDGE

cj/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: RICHARD A BELL  
PO BOX 1529  
NORMAN, OK 73070-1529

Respondent's Attorney: JEANNE SNIDER  
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.

*Joyce Sanders*



Court Clerk  
October 4, 2013

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OCT 10 2013  
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WORKERS COMPENSATION COURT  
OF OKLAHOMA



- 6 -


THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$282.71, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$753.90 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

- 8 -


THAT the sum of \$7,539.00 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.

The order filed herein on OCTOBER 4, 2013, as modified, shall remain in full force and effect as the order of this Court.

Upon adoption of the foregoing order on the 10th day of JANUARY, 2014, the roll was called

/s/ 

JUDGE OWEN T EVANS, AYE

/s/ 

JUDGE MARGARET BOMHOFF, AYE

/s/ 

**JUDGE DAVID P REID, I DISSENT: I would remand to determine pre-existing and re-determine permanent partial disability from this injury.**

/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: RICHARD A BELL  
PO BOX 1529  
NORMAN, OK 73070-1529

Respondent's Attorney: JEANNE SNIDER  
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.

*Joyce Sanders*



Court Clerk  
January 23, 2014