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April 5, 2016

Via Email

Joey Griffith
City of Broken Arrow
220 South 1st Street
Broken Arrow, OK 74012

**ORDER
ATTACHED**

Re: *Lesia Thomas vs. City of Broken Arrow*
SSN xxx-xx-4073
WCC No. 2014-06261 L
D/A: 11/22/2013

Dear Mr. Griffith:

Please see the attached Order Awarding the Nature and Extent of Permanent Partial Impairment Benefits received in the above-referenced matter. Please note that payment of the Order is due not later than Thursday, April 21, 2016.

Should you have any questions, please contact our office.

Very truly yours,

JOHN BARNHART, P.C.



John G. Barnhart
FOR THE FIRM

JGB/tm
Attachment

cc: Kim Bailey, City of Broken Arrow - Via Email
Sandy Cassady, Claims & Risk Services - Via Facsimile: 405-751-0951 & Email

BEFORE THE WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
STATE OF OKLAHOMA

FILED

WORKERS' COMPENSATION COURT
STATE OF OKLAHOMA
April 1, 2016
Katrina Stephenson
COURT CLERK

In re claim of:

LESIA THOMAS

Claimant

CITY OF BROKEN ARROW

Respondent

CITY OF BROKEN ARROW (OWN RISK #14157)

Ins. Carrier

)
)
) Court Number: 2014-06261L
)
)
) Claimant's Social Security
) Number: xxx-xx-4073
)

ORDER AWARDING THE NATURE AND EXTENT OF
PERMANENT PARTIAL IMPAIRMENT BENEFITS

Now on this 24th day of MARCH, 2016, this cause came on for consideration pursuant to regular assignment and hearing on MARCH 21, 2016, before JUDGE DAVID P REID, at Tulsa, Oklahoma, at which time claimant appeared in person and by counsel, SCOTT TULLY and respondent and insurance carrier appeared by counsel, JOHN G BARNHART.

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 or about NOVEMBER 22, 2013, claimant was involved in a single event episode resulting in an accidental personal injury to the claimant's BACK, RIGHT LEG, LEFT LEG, RIGHT FOOT (ANKLE), RIGHT HAND, and LEFT HAND.

- 2 -

THAT the incident on or about NOVEMBER 22, 2013, was the major cause of the claimant's BACK, RIGHT LEG, LEFT LEG, RIGHT FOOT (ANKLE), RIGHT HAND, and LEFT HAND injury and the compensable benefits awarded, herein.

- 3 -

THAT claimant's accidental personal injury on or about NOVEMBER 22, 2013, to her BACK, RIGHT LEG, LEFT LEG, RIGHT FOOT (ANKLE), RIGHT HAND, and LEFT HAND arose out of and in the course of her employment with the respondent.

- 4 -

THAT at time of injury, claimant's wage were sufficient to establish the rate of compensation at \$323.00 per week for permanent partial impairment.

- 5 -

THAT determination of the rate of temporary total disability of compensation is reserved for future hearing.

- 6 -

THAT as a result of said injury, claimant sustained 5 percent permanent partial impairment to the BACK over and above 3 percent pre-existing permanent partial disability (with permanent anatomical abnormality non-surgical soft tissue injury, aggravation of degenerative discs, chiropractic care, MRI, functional loss disc bulges L1-2, L3-4, L4-5 per MRI L5-S1 disc protrusion, functional loss), 0 percent permanent partial disability to the RIGHT LEG (with no permanent anatomical abnormality) and 0 percent permanent partial disability to the LEFT LEG (with no permanent anatomical abnormality), 4 percent permanent partial disability to the RIGHT ANKLE (with permanent anatomical abnormality non-surgical ankle sprain, X-Ray, brace, therapy) and 0 percent permanent partial disability to the LEFT HAND (with no permanent anatomical abnormality) and 0 percent permanent partial disability to the RIGHT HAND (with no permanent anatomical abnormality), for which claimant is entitled to compensation for 33.8 weeks at \$323.00 per week, or the total amount of \$10,917.40 of which 33.8 weeks have accrued and shall be paid in a lump sum of \$10,917.40.

- 7 -

THAT the findings of injury, necessity of medical treatment and permanent partial impairment are supported by objective medical evidence under 85 O.S. §308 (32).

- 8 -

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

- 9 -

THAT respondent or insurance carrier shall pay claimant the award herein in lump sum of \$10,917.40 (less attorney fee).

- 10 -

THAT Respondent shall pay court costs; Special Occupational Health and Safety Fund Tax of three-fourths of one percent (0.75%) of the amounts paid in lump sum of \$81.88 is levied against the Respondent; three-fourths of one percent of the continuing benefits awarded in this case shall be computed and paid as the same comes due. Pursuant to 85 O.S., Section 407, as amended by Laws 2013, HB 2201, c. 254, Section 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$218.35 to the Workers' Compensation Administration Fund created by 85 O.S. Section 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the permanent disability award herein.

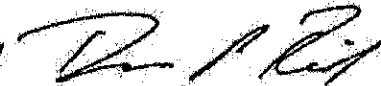
- 11 -

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.

- 12 -

THAT the sum of \$2,183.48 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/ 

DAVID P REID, JUDGE

lm/FBennett

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: SCOTT TULLY
PO BOX 2141
BROKEN ARROW, OK 74013-

Respondent's Attorney: JOHN G BARNHART
7711 E 111 ST STE 104
TULSA, OK 74133-

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.


Court Clerk
April 1, 2016

