STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

NOTICE OF DECISION

DATE OF HEARING	W.C. LAW JUDGE	DECISION DULY FILED AND SERVED ON	BY
8/30/91		9/10/91	fd

*WCB Case No.	Carrier ID No.	Carrier Case No.
2770 9381	w080006	7630 62 62

Date of Accident	Social Security No.
6/12/88	133-34-8915

Claimant
WAGNER WENDY
2401 SO CEDAR ST
SEAFORD NY 11783

*Employer
BARLEY PUBLISHING CORP
311 CROSSWAYS PARK DR
WOODBURY NY 11797

VIGILANT INS CO
ER FEDERAL INS CO
333 EARLE OVINGTON BLVD STE 800
UNIONDALE NY 11553

CLAIMANT

READ IMPORTANT INFORMATION ON REVERSE SIDE

TO ALL PARTIES IN INTEREST

PLEASE TAKE NOTICE THAT PURSUANT TO SECTION 23 OF THE WORKERS' COMPENSATION LAW AND BOARD RULE 13, ANY PARTY IN INTEREST MAY APPEAL THIS DECISION TO THE BOARD REVIEW BUREAU BY FILING ITS APPEAL IN WRITING, ACCOMPANIED BY THE PRESCRIBED COVER SHEET FORM RB-89, TOGETHER WITH PROOF OF SERVICE UPON ALL OTHER PARTIES IN INTEREST, WITHIN 30 DAYS AFTER NOTICE OF THE FILING OF THIS DECISION. A CLAIMANT WHO IS NOT REPRESENTED BY AN ATTORNEY OR LICENSED REPRESENTATIVE IS NOT REQUIRED TO FILE THE COVER SHEET FORM BUT MAY FILE AN APPEAL IN ANY WRITTEN FORM.

PLEASE TAKE NOTICE THAT PURSUANT TO SECTION 23 OF THE WORKERS' COMPENSATION LAW AND BOARD RULE 13, ANY PARTY IN INTEREST MAY REBUT AN APPEAL BY ANOTHER PARTY BY FILING ITS REBUTTAL WITH THE BOARD REVIEW BUREAU IN WRITING, ACCOMPANIED BY THE PRESCRIBED REBUTTAL COVER SHEET FORM RB-89.1, TOGETHER WITH PROOF OF SERVICE UPON ALL OTHER PARTIES IN INTEREST, WITHIN 30 DAYS AFTER SERVICE OF THE APPEAL. A CLAIMANT WHO IS NOT REPRESENTED BY AN ATTORNEY OR LICENSED REPRESENTATIVE IS NOT REQUIRED TO FILE THE COVER SHEET FORM BUT MAY FILE A REBUTTAL IN ANY WRITTEN FORM.

ATENCION:
Si no sabe leer ingles, puede llamar a la oficina de informacion mas cercana de la Junta de Compensacion Obrera (vease la lista de oficinas en el lado reverso) y pida informes acerca de su reclamacion.

After hearing, the following Decision and Award was made.

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate	the sum of	TO: MODIFY PRIOR AWARDS
weeks	from	to	per Week		
33	1/14/91	8/31/91	116.67	3850.	CLAIMANT
CARRIER CONTINUE PAYMENT			116.67	$	LESS PAYMENTS MADE COVERING THIS PERIOD.
as lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was CLOSED. AUTHORIZE PHYSIO THERAPY THREE TIMES A WEEK. CLAIMANT PERMANENT - TOTAL DISABILITY. SYMPTOMATIC TREATMENT FOR NECK & BACK.

*If the WCB Case No. is preceded by "F," this decision is made under the Volunteer Firefighters' Benefit Law. If the WCB Case No. is preceded by "A," this decision is made under the Volunteer Ambulance Workers' Benefit Law. The liable political subdivision is deemed to be the "Employer" of the volunteer firefighter or volunteer ambulance worker. In all other cases, this decision is made under the Workers' Compensation Law.

C-23 (9-90)

Barbara Patton
Barbara Patton
Chairwoman