BEFORE THE OKLAHOMA WORKERS' COMPENSATION COMMISSION

ORDER FILED
August 24, 2026
WORKERS' COMPENSATION COMMISSION

SPENCER ALAN STEELE Claimant	)	Commission File No. CM3-2025-06683Q
CITY OF NORMAN Employer-Respondent	)	Claimant's Social Security Number: xxx-x9-0733
CITY OF NORMAN Insurer	)	

ORDER AWARDING PERMANENT PARTIAL DISABILITY BENEFITS

Hearing before Administrative Law Judge P BLAIR MCMILLIN on August 19, 2026, in OKLAHOMA CITY, Oklahoma.

Claimant appeared by counsel, KENT ELDRIDGE.

Respondent and insurance carrier appeared by counsel, JEANNE SNIDER.

I. FACTS AND STIPULATIONS

Claimant seeks a finding of compensable work-related injury to the CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, RIGHT SHOULDER, LEFT FOOT and consequential injuries to the RIGHT KNEE, and LEFT KNEE arising out of a single event accident occurring on September 14, 2019 as well as an award of permanent partial disability therefor. Respondent stipulates to jurisdictional issues and admits compensable work-related injury to the CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, RIGHT SHOULDER, LEFT FOOT and consequential injuries to the RIGHT KNEE, and LEFT KNEE. The parties are in agreement that the rate for permanent partial disability is adjudicated at $350.00, and that the accrual date for permanent partial disability is May 2, 2024.

Claimant requests the reservation of any issues pertaining to his retained hardware pursuant to 85A O.S §50(f) and §114.

II. FINDINGS AND CONCLUSIONS

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

1. That on September 14, 2019, Claimant sustained compensable work-related injury to the CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, RIGHT SHOULDER, LEFT FOOT, RIGHT KNEE, and LEFT KNEE.
2. That Claimant's rate for permanent partial disability is adjudicated at $350.00.
3. That as a result of said injury, Claimant has sustained 18% Permanent Partial Disability to the CERVICAL SPINE, 6% Permanent Partial Disability to the THORACIC SPINE, 8% Permanent

Partial Disability to the LUMBAR SPINE, 14% Permanent Partial Disability to the RIGHT SHOULDER, 50% Permanent Partial Disability to the LEFT FOOT, 10% Permanent Partial Disability to the RIGHT KNEE, and 10% Permanent Partial Disability to the LEFT KNEE. At Claimant's rate of compensation, this is equal to an award of $115,710.00, which shall be paid to Claimant weekly at the rate of $350.00 commencing May 2, 2024, until the entire award is paid in full.

4. That any issues regarding Claimant's retained hardware pursuant to 85A O.S. §50(f) and §114 are reserved for future hearing if and when the same become ripe.
5. Maximum attorney fees of 20% of the permanent partial disability benefits are awarded herein, pursuant to 85A O.S., §82.
6. That pursuant to Title 85A O.S., §118, 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 Workers' Compensation Commission if not previously paid.
7. Pursuant to 40 O.S., §418, the Respondent-Insurer shall pay to the Oklahoma Tax Commission the Special Occupational Health and Safety tax in the amount of $867.83, representing three-fourths of one percent of the total workers' compensation losses ordered herein, excluding medical payments and temporary total disability compensation.
8. Pursuant to 85A O.S., §122(B)(2), Respondent, if OWN RISK, shall pay a workers' compensation assessment in the amount of $2,314.20 to the Oklahoma Tax Commission, representing two percent (2%) of the (permanent disability benefits) herein.
9. Pursuant to 85A O.S. § 31(7), for injuries occurring on or after July 1, 2019, a Multiple Injury Trust Fund assessment in the amount of $3,471.30, representing (3%) of the Claimant's permanent partial disability award shall be deducted and paid to the Oklahoma Tax Commission by the Respondent.

IT IS SO ORDERED.

DONE this 20th day of AUGUST, 2026.

BY ORDER OF:

P BLAIR MCMILLIN
ADMINISTRATIVE LAW JUDGE

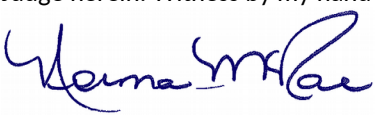
mp/SCox

A copy of this order was sent by electronic mail or registered mail on this file stamped date to:

Claimant's Attorney:
KENT ELDRIDGE
PO BOX 607
OKLAHOMA CITY, OK 73101

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 Commission on this date.



Norma McRae
Commission Clerk
August 24, 2026