FILE NAME: Baldwin (BALD)

DATE: 1985

DOC#: BALD066

DOCUMENT DESCRIPTION: Worker's Compensation Claim - Frazee, Leroy

9-22-85 EQ

Ohio Bureau of Workers' Compensation

OCCUPATIONAL DISEASE CLAIM APPLICATION

OD 307-27

~~42879-27~~

- This form is to be used for Occupational Disease Claims as enumerated in O.R.C. 4123.68
- This form applies for both Lost Time Compensation and/or Medical Benefits
- The EMPLOYEE must complete and sign Part 1
- The EMPLOYER must complete and sign Part 2
- The completed form(s) should be sent to:
  Ohio Bureau of Workers' Compensation, Claims Section, Columbus, Ohio 43215

PART I *(Items 1 through 17 are to be completed by the claimant) Please Print or Type*

PERSONAL

1. Employee's Name: LeRoy F. FRAZEE — Social Security Number: 281-18-3583
2. Home Address (Street & Number): 942 North WEST STREET — Telephone No. & Area Code: 419-227-1667
3. City, State, Zip Code: LIMA, Ohio 45801 — County: ALLEN — Sex: MALE
4. Marital Status: MARRIED — Birth Date: NOVEMBER 21 — Age: 64 — Number of Dependents: 2

EMPLOYMENT

5. Employer's Name: LIMA Locomotive WORKS — Employer's Telephone No.: NONE
6. Employer's Address (Street & Number): SOUTH MAIN STREET — Division:
7. City, State, Zip Code: LIMA, Ohio 45804 — County: ALLEN — Plant:
8. Your Occupation (Job & Title): Sheet Metal — Length of time on job in which disease occurred: 6 YRS — Department: 11
9. Date Symptoms 1st Appeared: 9-16-85 — Date Reported to Employer: — Last Date Worked: 1949 — Date Returned to Work: LAID OFF
10. Date Diagnosis was made: 9-16-85 — Type of Work Returned to: NONE
11. Attending Physician (Name & Address): DR. ALBERTSON 1008 WEST MARKET STREET
12. Representative (if any):

ILLNESS / DISEASE INFORMATION

13. Describe the substance and details as to how you were exposed to the substance and type of work you were doing when the disease began.
    Asbestos lagging on Locomotives, covering with Sheet Metal
14. Give the exact nature of the disease and the part(s) of body affected (i.e. dermatitis of right hand, conjunctivitis, left eye, etc.)
    Nature of Disease: ASBESTOSIS & C.O.P.D. — *Part of Body*: PLEURAL ~~CHEST LUNGS~~ CAVITY
15. Were you exposed to the substance, which in your opinion caused this disease, in previous employments?
    ☐ YES ☒ NO If **yes** give name(s) and address(es) of employer(s) and date(s) employed (attach sheet if necessary)
    Name _____ *From* _____ *To* _____
    Name _____ *From* _____ *To* _____
    Name _____ *From* _____ *To* _____
16. A. Did you receive your wages during disability. . . . ☒ Yes ☐ No
    B. Have you previously suffered from the disease for which this application is made . . . . ☐ Yes ☒ No
    C. Have you ever filed a previous application with the Bureau or Industrial Commission for this OR for other diseases. . . . ☐ Yes ☒ No
    (If yes, give claim number(s))
    D. Have you suffered from any other diseases . . . ☐ Yes ☐ No
    (if yes, give details, dates of treatment, name and address of doctor)

CERTIFICATION

17. **READ CAREFULLY BEFORE SIGNING**—I hereby apply for recognition of my claim under the Ohio Workers' Compensation Act for this exposure and/or condtion which I did not purposely contract and request payment as provided under the Act for compensation and/or expenses as allowable on this form.
    By signing this application I expressly waive all provisions of law which forbid any person or persons who heretofore did or who hereafter may medically attend, treat or examine me or who may have information of any kind which may be used to render a decision in my claim from disclosing such knowledge or information to the Bureau of Workers' Compensation, Industrial Commission, or the Employer.
    To expedite this claim, if it is allowed, I waive any notices to which I may be entitled for hearings. Direct payment to the provider of any medical services is authorized.

1. _____ (if Applicant signs by mark, two witnesses must sign here)
2. _____

x LeRoy F. Frazee (Signature of Applicant (if unable to sign, make mark))

Date _____

DO NOT USE THIS COLUMN

Name | File Date | Division | Plant | Department | Last Date Worked | Return to Work | SIC | FWW | AWW | Coun/Acc. Loc./Sex | Mar. St./Age/Dep. | Occupation | Time on Job | Accident Time | Rep./Nature | Body Part | Source | Exposure | Haz. Condition | Agency | Agency Part | Unsafe Act | Wage/Comp Sick | BWC Received | Payee Doctor | Payee Hospital | Payee Rep.

BUR. OF WORKERS' COM. LIMA RECEIVED 1985 SEP 23 AM 9:34

OD–1 (7-79) Replaces OD–4 & OD–3

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION

CLAIMS SECTION
246 NORTH HIGH ST.
COLUMBUS, OHIO 43266-0581

RICHARD F CELESTE
GOVERNOR

TELEPHONE 466-1000

JAMES L MAYFIELD
ADMINISTRATOR

Under 11/6/85
OD187714

CLAIM NUMBER OD187714

FRAZEE LEROY F
942 NORTH
LIMA OH 45801

RISK # 0 MANUAL # 0000
EMPLOYER NAME
LIMA LOCOMOTIVE WORKS
SOCIAL SECURITY NO 281-18-3583
DATE OF INJURY 09-16-85

DEAR CLAIMANT:

THIS ACKNOWLEDGES RECEIPT OF YOUR APPLICATION ALLEGING AN INJURY SUSTAINED IN THE COURSE OF EMPLOYMENT.

THE ALLEGED INJURIES ARE AS FOLLOWS:
LUNG / ASBESTOSIS-OD / ALL

THE CLAIM NUMBER ASSIGNED TO THE APPLICATION IS OD187714 . ALL INFORMATION CONCERNING YOUR CLAIM SHOULD GIVE THE NUMBER IN ORDER TO HELP US GIVE YOU THE MOST EFFICIENT SERVICE.

IN CHECKING OUR RECORDS, WE FIND THE ABOVE NAMED EMPLOYER DID NOT HAVE INSURANCE COVERAGE ON THE DATE OF INJURY. IT MAY BE THAT THE EMPLOYER'S NAME, THE RISK NUMBER OR MANUAL NUMBER AS SHOWN DOES NOT CORRESPOND WITH THE INFORMATION ON THE EMPLOYER'S CERTIFICATE OF COVERAGE. IF THIS IS THE CASE, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

WHERE AN EMPLOYER, EMPLOYING ONE OR MORE PERSONS, IS NOT COVERED, THE OHIO WORKERS' COMPENSATION LAW GIVES THE INJURED EMPLOYEE TWO REMEDIES. HE MAY BRING CIVIL ACTION AGAINST SUCH EMPLOYER, AND/OR HE MAY FILE A CLAIM WITH THIS BUREAU.

IF YOU NEED INFORMATION IN CONNECTION WITH THIS CLAIM, PLEASE FEEL FREE TO CONTACT THE ABOVE OFFICE.

YOU ARE HEREWITH ADVISED THAT YOU HAVE THE RIGHT TO REPRESENTATION IN THE PROCESSING OF YOUR CLAIM OR TO ELECT NO REPRESENTATION.

YOURS TRULY,

CLAIMS DIRECTOR

* * * * * PLEASE RETAIN THI

0-21-85H7

Ohio Bureau of Workers' Compensation

• Complete in duplicate

EXAMINER'S INVESTIGATION REPORT

ATTN: Name: Gary Williams

Risk or Claim No.: 00 187714

Billing Document No.:

Name: LeRoy F Frazee

Doing Business As:

Street and Number: 942 North West St

City, State, & Zip Code: Lima, Ohio 45801

Phone Number: 419-227-1667

Is Company currently in operation ..... ☒ Yes ☐ No

If No - date discontinued - date last had employees:

Person Contacted: same as above, by phone

Title:

Address:

Phone Number:

Number of Employees:

Check if Applicable: ☐ Unable to Locate ☐ Unable to Contact

Check (✓) Entity		
	1	Partnership
	2	Limited Partnership
	3	Association
	4	Corporation
✓	5	Individual

Check (✓) ... Type of Assignment Non-Assigned work		
	Collection	
	Regular Payroll	
	Lapse and Non-Complying Payroll	
	Change in Address	
	U-9 Transfer	
	Application	
	Compliance	
	Rating Inspection	
✓	Claims Investigation	
	Miscellaneous	
	Entity Check	

Collection Type	Regular	Non-Complying	Prem. Sec. Deposit
Amt. Due	$	$	$
Amt. Collected	$	$	$
Balance	$	$	$

Collected by: ☐ Check # ☐ Cash receipt #

Date Collected: 19

Time Collected: ☐ AM ☐ PM

Total balance due of $_____ is to be as follows;

UA-52 referral for part pay plan ☐ Yes ☐ No

Obtained Regular Payroll Report for period from _____ 19____, to _____ 19____

Obtained Non-Coverage Payroll Report for period from _____ 19____, to _____ 19____.

Obtained Affidavit No._____

Did Predecessor carry Workers' Compensation? ☐ Yes ☐ No ..... If yes, was successor advised to transfer? ☐ Yes ☐ No

REMARKS: assigned U-17 - Lima Locomotive Works is closed. This plant mfg steam locomotive engines diesel locomotive engines and power shovels. Contacted claimant by phone and he stated he worked at this plant from 1943 to 1949. This plant was operated by the Lima Locomotive Works Inc from 1917 to 1948. Risk no. unknown. From 1949 to 1951 the plant was operated by Lima Hamilton Corporation, Risk no. unknown. (see back side)

Continue Remarks on reverse side

Inspector: Gary J Mason District: Lima Date: 11-22-85

BWC 7523 (Rev. 4/80) 4

U-20

Lima Hamilton Corporation merged and became Baldwin-Lima-Hamilton Corporation and they operated the plant until 1971 or 1972. I contacted a couple of people who used to work at the plant. They did not what their ~~use~~ number was but they were self insured. Their actuary was Gates Mc Donald & Co. During the late "60" they were bought out by Armor Corps. Armor Corps. was then bought out by Greyhound Co. Ref. R-838769. In about 1971 or 1972 SI 3034 Clark Equipment Co. They operated the plant until 1980 or 1981. Their actuary is also Gates Mc Donald.

This assignment is being referred to Lima District Office claims investigation

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
CLAIMS SECTION
246 NORTH HIGH ST.
COLUMBUS, OHIO 43266-0581

RICHARD F CELESTE
GOVERNOR

TELEPHONE 466-1000

JAMES L MAYFIELD
ADMINISTRATOR

RISK # 889041 MANUAL # 3606
CLAIM NUMBER OD307-27
CLAIMANT NAME
FRAZEE LEROY F
SOCIAL SECURITY NO 281-18-3583
DATE OF INJURY 09-16-85

LIMA LOCOMOTIVE WORKS
S. MAIN ST.
LIMA OH 45804

DEAR EMPLOYER:

BECAUSE OF RECLASSIFICATION OF THE CLAIM OF THE ABOVE CAPTIONED EMPLOYEE, THE CLAIM NUMBER PREVIOUSLY ASSIGNED HAS BEEN CHANGED FROM 42879-27 TO OD307-27 .

THE ALLEGED INJURIES ARE AS FOLLOWS:
LUNG / NO NATURE STATD / ALL

THE CLAIM FILE WILL BE FORWARDED TO THE FOLLOWING OFFICE FOR HOUSING. YOU MAY CONTACT THAT BUREAU OFFICE FOR FURTHER INFORMATION.
BUREAU OF WORKERS' COMPENSATION TELEPHONE

71 TOWN SQUARE P.O. BOX P
LIMA, OHIO 45802-0710 419-227-3127

IF YOU KNOW OF ANY IRREGULARITIES IN THE ABOVE CASE WHICH MAY AFFECT THE RIGHT OF THE CLAIMANT TO RECEIVE AN AWARD, NOTIFY THIS BUREAU OFFICE IMMEDIATELY, GIVING DETAILS.

YOU ARE HEREWITH ADVISED THAT YOU HAVE THE RIGHT TO REPRESENTATION OR TO ELECT NO REPRESENTATION.

YOURS TRULY,

CLAIMS DIRECTOR

BUR. OF WORKERS' COMP.
LIMA-RECEIVED
1986 APR 23 AM 9:48

* * * * * PLEASE RETAIN THIS LETTER FOR YOUR RECORDS * * * * *

03-30-86 GO

JOHN D. ALBERTSON, M.D., INC.
1008 WEST MARKET STREET
LIMA, OHIO 45805

TELEPHONE 223-1961

May 27, 1986

Mr. Tim Wolff
Bureau of Workers' Compensation
P. O. Box No. P
Lima, Ohio 45802-0710

RE: Mr. Leroy F. Frazee OD 307-27

Dear Mr. Wolff:

After Chest Xray of September 16, 1985 for Chronic Obstructive Pulmonary Disease, the radiologist in his report indicated the problem of Asbestosis. During conversation with Mr. Frazee,he indicates a history of having worked at the Lima Locomotive Plant where he was involved with asbestos in the insulating of locomotives in 1949.

There is no previous xrays that indicated any findings suggestive of asbestosis. Mr. Frazee has been treated and followed for Chronic Obstructive Pulmonary Disease by me since November 1976. He has required alot of supportive therapy for anxiety with the use of Librium, Tetracyclene for Acute Asthma problems and Bronchitis. He is presently being evaluated this month of May for the possibility of Congestive Failure secondary to his Pulmonary Obstructive Pulmonary Disease. He will be further evaluated for the possibility of Mesothelioma. Mr. Frazee is also a victim of Osteoarthritis.

It is our opinion that with his exposure of asbestos in 1949, this may be the basis for his developing Chronic Obstructive Pulmonary Disease and also the Congestive Failure and the probability of the Mesothelioma. The possibility of consultation with Dr. Mak , Internist and Pulmonary Specialist, is being considered.

It is felt that Mr. Frazee should be considered for permanent disability due to his Pulmonary status.

Sincerely,

John D. Albertson, M. D.

JDA/bg

Enclosures

RADIOLOGY DEPARTMENT REQUEST

LIMA MEMORIAL HOSPITAL

LIMA, OHIO

FRAZEE, LERO[redacted] 64 9673054
942 N. WEST ST
LIMA, OHIO
DR. ALBERTSON

PORTABLE / SURGERY IN A.M.	DATE OF RFON	DATE TO BE TAKEN 09-16-85

XXXX PA-LAT CHEST	PA ONLY	UPPER G.I.	X-RAY NO. 67-11-16	CHAIR	CART
ABDOMEN - K.U.B.	ESOPHOGRAM	PELVIS	COMMENTS:		
ABDOMINAL SERIES	SMALL BOWEL	HIP			
GALL BLADDER	BARIUM ENEMA	CERVICAL SPINE			
REPEAT G.B.	SKULL	CERVICAL W/OBLIQUES	SPECIFY ALL UNLISTED EXAMS IN THIS SPACE		
I.V. CHOLANGIOGRAM	SINUSES	THORACIC SPINE			
I.V.P.-I.V. UROGRAM	MASTOIDS	LUMBAR SPINE			
VOIDING CYSTOGRAM	RIBS	LUMBAR W/OBLIQUES			

Pericopd

INTERPRETATION

PA AND LATERAL CHEST 9/16/85

The diaphragm is low lying and there is an increase in the retrosternal air space. The lungs appear hyperinflated. Calcified pleural plaques are seen in the diaphragm. There may be a small amount of pericardial calcification near the cardiac apex. The lungs are clear of infiltration. Small calcified right hilar nodes are present. The heart is of normal size and the aorta is mildly tortuous. There has been no significant change since 9/17/82.

IMPRESSION: PROBABLE COPD. THERE IS PLEURAL CALCIFICATION SOMETIMES SEEN IN ASBESTOSIS.

OHIO BUR. OF WORKERS' COMP.
LIMA - RECEIVED
1986 MAY 30 AM 8 20

Peter W. Reed, M.D./kab 9/17
RADIOLOGIST

CHART

1100801 REV. 5/85

4/17/86 TBW

INSTRUCTIONS: This medical report should be completed by the attending physician immediately after first treatment for occupational disease. Mail same to the Bureau of Workers' Compensation. Office addresses are listed on the reverse side. This report should be used where claimant loses than one week from work because of occupational disease.

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

Claim No.

O.D. 307-27

Attending Physician's Report of Occupational Disease

1. Name of disabled person LEROY F. FRAZEE (Clara - brother-mother)
2. Address 942 North West Street Lima Ohio 45801
3. Date of first treatment by you ____ Date of diagnosis 9/16/85
4. Give accurate description of nature and extent of disability
   See attached
5. Describe treatment
6. What is the diagnosis?
7. What in your opinion is the cause of the disease?
8. Give your best opinion as to the date claimant will be able to return to work
9. Has this occupational disease resulted in a permanent disability?
   If so, what?
10. Mention any previous injury or condition contributing to the claimant's present disability

BUR. OF WORKERS' COMP. LIMA - RECEIVED 1986 MAY 30 AM 8:20

11. Give name and address of any other physician who acted as:
    (a) Assistant (b) Consultant
    (c) Anaesthetist
12. If services were rendered by hospital, special nurse, X-ray or ambulance, give name and address:
    Hospital Lima Memorial Hospital 1001 Bellefontaine Ave. Lima, OHio X-ray PA and Lateral Chest 9/16/85
    Special Nurse
    Ambulance
13. Name and address of employer:

J. L. Albert M.D. 5/27/86
Signature of Physician

Graduate of The Ohio State University College of Medicine
Year 1951
License No. 17454

Street Address 1008 West Market Street
City or Town Lima, Ohio 45805
Phone (419) 223-1961 Fed. ID# 34-1127331

O-D-4a

REQUEST FOR FORMAL HEARING

TO: DISTRICT HEARING OFFICER	DATE: 6-4-86
FROM: John Downton	
SUBJECT: SET CLAIM NUMBER OD-307-27 For Formal Hearing On the Following Question(s)	

☒ Allowance of Claim — Filed 9-23-85

☐ Allowance of C-85-A — Filed _____

☐ Allowance of C-86 — Filed _____

☐ Further Compensation ☐ T.T. ☐ T.P. _____

☐ Administrator's Motion for the following reason(s) _____

☐ Other _____

☐ Objection filed by employer. See reasons shown on _____

☒ Objection by Administrator for the following reason(s) Section 27 claim

J Downton
Claims Examiner's Signature

BWC-1221 (Rev. 4/83)
C-98

REPORT OF INVESTIGATION

Claim No. OD-307-27 Employer's Name Lima Locomotive Works

Social Security No. 281-18-3583

Claimant's Name Leroy F. Frazee Address South Main St.

Address 942 N. West St. Lima, OH 45804 *(see comments)

Lima, OH 45801

Date of Injury (disability) (per original application) symptoms appeared 9-16-85.

Date of Injury (disability) (per investigation) 9-16-85

Date of Application Filed 9-23-85

EMPLOYER'S POSITION: (per application) The employers portion of OD-1 form was not completed since the employer has not been in business for several years. Correspondence sent to the employer has been returned by the Post Office.

COMPLETE WORK HISTORY: C-202 from claimant indicates prior to 1941 claimant was in school. 1941 to 1942 he worked at Lima Electric as a spray painter. 1943 to 1949 he worked at Lima Locomotive Works, insulating (Lagging) boilers on locomotives. 1950 to 1970 he worked at a Honey Factory (Sioux) on South Elizabeth St. which is no longer in business, doing work of unloading, setup and canning honey. 1970 to 1975 claimant worked at Lawndale, Lima, Ohio which is a bath tub company in which he hung tubs and drove lift truck. 1975 to the present he is working for Seyfert Potato Chip Co., in Lima, Ohio as a warehouseman.

OCCUPATION: Sheetmetal worker for approximately 6 years, insulating boilers on locomotives.

NATURE OF EXPOSURE: (per application) Asbestos lagging on locomotives, covering with sheet metal.

(per investigation) C-202 from claimant states while working at Lima Locomotive Works insulating boilers on locomotives with about 6 to 8 inches thick of asbestos. Did not wear any face mask at that time. They did not know much about asbestos. Claimant has been smoking cigaretts since the age of 21 at approximately one pack a day. In September of 1985 claimant went to Dr. Albertson for a checkup. He was not having any particular problems at that time but the Dr. found some problem with his lungs through X-rays. Recently claimant had been losing weight, hard to get breath when doing any amount of work-carring groceries, etc.-difficult to do much lifting. No prior breathing problems while working at Lima Locomotive Works. No lost time from work for breathing problems. Only went to the Dr. Albertson and hospital for X-rays.

WITNESSES: (per application & per investigation) None stated.

MEDICAL DETAIL SUMMARY: X-ray interpretation taken at Lima Memorial Hospital on May 4, 1986 indicates abestosis evaluation and congestive failure. Shortness of breath. Letter supplied by Dr. Albertson along with chest X-ray interpretation taken on September 16, 1985 indicates Chronic Obstructive Pulmonary Disease per radiologist report after X-ray of September 16, 1985. No previous X-rays had indicated any findings of suggestive asbestosis. Claimant had been treated and followed for chronicobstructive pulmonary disease by Dr. Albertson since November 1976. Dr. Albertson's oppinion is that his exposure to asbestos in 1949 may be the basis for his developing chronic obstructive disease and also the congestive failure and the probability of the mesothelioma. Dr. Albertson's letter is dated May 27, 1986.

PRIOR MEDICAL HISTORY TO SAME PARTS OF BODY: Dr. Albertson stated that he has been treating the patient since November 1976 for Chronic Obstructive Pulmonary Disease. The claimant stated no prior breathing problems before his work at Lima Locomotive Works.

PERIOD OF DISABILITY: No lost time at this particular date. Claiman has been working and still employed at the present time. Dr. Albertson per his letter indicates that the claimant should be considered for permanent disability due to his pulmonary status.

COMMENTS: The employer Lima Locomotive Works has been out of business for some time. A U-20 form has been completed by Jerry Mason, underwriting-auditing supervisor of the Lima District Office concerning information on the Lima Locomotive Works which can be read for review.

ENCLOSURES: OD-1 form, C-202 from claimant, X-ray and bill from Lima Memorial Hospital for May 4, 1986, C-202 form from Dr. Albertson's office, cover letter sent to Dr. Albertson with OD-4a form, OD-4a form with attached letter dated May 27 from Dr. Albertson.

TW/ws
6-3-86

CLAIMS INVESTIGATOR Jim Wolff DATE 6/4/86

REVIEWED BY John A Downton DATE 6-4-86

NOGW

THE INDUSTRIAL COMMISSION OF OHIO

Record of Proceedings

Claimant	Leroy F. Frazee	Claim No.	00-307-27
Street and No.	942 N. West St.	Date of disability	9-16-85
City	Lima, OH 45801	Date of Injury	9-16-85
Employer	Lima Locomotive Works Out of Business	Manual No.	3606
Street and No.	South Main St.	Risk No.	889041
City	Lima, OH 45804		

This matter came on for hearing before Hearing Officer Alexander Kocab on this date on the OD-1 filed 9-23-85 Notices were mailed to the claimant, the employer, their respective representatives and the Administrator of the Bureau of Workers' Compensation not less than 14 days prior to this date. The following were present for the hearing:

For the Claimant: N/A

For the Employer: N/A

For the Administrator: N/A

Refer to LEGAL (attn: Spencer) for a safety and hygiene report as to the existance of any exposure data to asbestos for Claimants job during his employment with employer.

Thereafter, refer to TOLSP for a file review and an exam to determine if Claimant has developed asbestosis and for an opinion whether the exposures cited caused such condition or whether it is probable that it caused any of the other conditions diagnosed by Dr. Albertson.

Reset when TOLSP report is on file.

Based on reports of Dr. Albertson.

The decision in this claim is based on the evidence in the file and/or evidence adduced at the hearing.

An Appeal (OC-2) from this order may be filed within 14 days of the receipt of this order.

AK/mb
6-27-86

Date | District Hearing Officer | E.I.N.

Distribution:
1. File
2. Claimant
3. Claimant's Representative
4. Employer
5. Employer's Representative
6. BWC Law Section
7. PR-CON

OIC-1000 (Rev. 3/84) DHO-4

In view of his work at the Lima Locomotive Works, it is very likely that exposures occurred at high levels and for long periods of time sufficient to cause respiratory complications including asbestosis and related diseases. The smoking, of course, is a complicating factor.

With the other findings in Mr. Frazee's medical exam, the ultimate outcome of his problems seems apparent.

If I can be of further assistance in this claim, please let me know.

Sincerely,

James S. Ferguson

James S. Ferguson, CIH
Industrial Hygienist

JF:rf

[redacted]

DIVISION OF SAFETY AND HYGIENE
THE INDUSTRIAL COMMISSION OF OHIO
Richard F. Celeste, Governor

October 21, 1986

Ms. Judy Spencer
Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

Re: OD 307-27
Employee - Leroy Frazee
Employer - Lima Locomotive Works
(Out of Business)

Attn: Judy Spencer

Dear Ms. Spencer:

Mr. Frazee is a member of a relatively small group of former asbestos insulation workers who are at very high risk of developing complications and/or diseases of the respiratory tract due to exposures to asbestos.

Insulators in most cases were exposed to very high levels of dust during application and removal of asbestos insulation. In the steam locomotive era, it was often necessary to remove or apply asbestos in bulk to the boilers of the locomotives. These operations were carried out in enclosed spaces with little or no protective equipment. During the years prior to 1971 and particularly during the late forties and fifties, the usage of asbestos rose to an all-time high.

Mr. Frazee has been diagnosed as probably having asbestosis. There also are X-ray findings to indicate possible progression to the most serious of asbestos-related diseases - mesothelioma. One puzzling factor is the latency period. In this case, it has been thirty-seven years. Usually, ten to twenty years is expected before symptoms begin to appear. Longer times are not unheard of, though. This may be one of the exceptions.

One complication and contributory factor is present however, - that of smoking. Mr. Frazee is an admitted one pack per day smoker for forty-three years. This personal habit is responsible for more chronic respiratory problems than all other causes combined. When combined with asbestos exposures, smoking increases the likelihood of asbestosis, lung cancer and other complications many times over.

CLAIM EXAMINERS' WORKSHEET

CLAIM NO OD-307-27 AGE 65 SEX Male

OCCUPATION Sheet metal Worker

CLAIMANT: Leroy F. Frazee DATE OF INJURY OR DISEASE 9-16-85

ADDRESS: 942 N. West St. DATE OF DEATH —
Lima, Ohio 45801 S.S.# 281-18-3583

RISK 889041 MANUAL 3606-03

EMPLOYERS NAME Lima Locomotive Works - out of business

ADDRESS South Main Street - Lima, Ohio 45804

DESCRIPTION OF INJURY (paraphrase) Asbestos lagging on locomotives, covering with sheet metal

DISABILITIES ALLOWED

SPECIALIST / TYPE PUD

PREVIOUS PHYSICIAN(S) Albertson, Reed, Miller, Malhotra, Gordon,

NAME Rick D. Watson, MD TYPE Pad

ADDRESS 200 W. Pearl St., Findlay Oh 45840

PHONE 419-424-0350 PAYEE# 94648-08 DAY Mon. DATE 12-29-86 TIME 1:00

NAME TYPE

ADDRESS

PHONE PAYEE# DAY DATE TIME

NAME TYPE

ADDRESS

PHONE PAYEE# DAY DATE TIME

TYPE OF EXAMINATION OD orig all (Chronic Obstructive Pulmonary Disease - Congestive Failure - Asbestosis

CLAIMANTS REP. None

EMPLOYERS REP. None

CLAIMS EXAMINER Jonda Malone DATE 11-10-86

rev. 08/28/86 dea

SPIROMETRICS, INC.
SPIROMETER
model 2400

PULMONARY FUNCTION TEST REPORT

Name Frazee, Leroy Occupation

Address Street City State Zip

Date 12-29-86 Patient I.D. #

Sex M☒ F☐ Age 65 Height (inches) 5'9½" Race

Smoking Habits Ever Smoked: Yes☒ No☐ Smoking Now: Yes☐ No☒ Stopped 2mo. Years Ago Years Smoked 44

127½lbs Cigarettes (pks/day) 1½ Cigars (day) Pipe

Respiratory History Dyspnea Resting Exercise How Long?

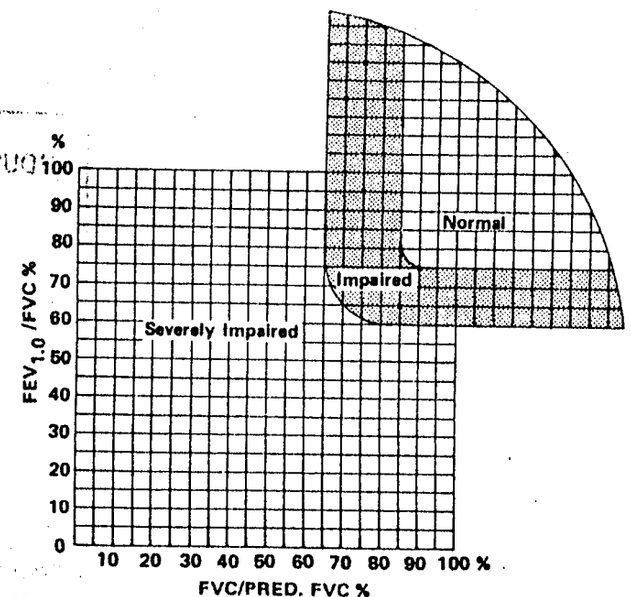
Cough Productive Volume How Long?

Wheeze Resting Exercise How Long?

Ambient Test Conditions Room Temperature Barometric Pressure

Enter results from Spirograph Charts here

Value, BTPS	Routine Screening			Post Bronchodilation Screening	
	Best	Predicted	% of Predicted	Best	% of Predicted
FVC	3.52	4.4	80%	3.6	82%
$FEV_{1.0}$	1.39	3.1	45%	1.53	49%
$FEV_{1.0}$/FVC%	39%	>75%		43%	
$FEF_{25-75\%}$		2.9			
	47	134	35%	53	40%



Patient

Cooperation: Good☒ Fair☐ Poor☐

Understanding: Good☐ Fair☒ Poor☐

Catalog #2107

Use reverse side for interpretation and comments.

NAME: Frazee, Leroy F. W
X-RAY NO.: 86-2155
BLANCHARD VALLEY MEDICAL ASSOCIATES
Findlay, Ohio

12/29/86
CHEST: PA and left lateral chest show no soft tissue abnormality. The bones of the thoracic spine show some degenerative change and minor scoliosis. The diaphragms are somewhat flattened with an increase in AP diameter. There is some calcification in the dome of the left hemi-diaphragm and a questionable area of calcification on the right. The cardiothoracic ratio is unremarkable. The aorta is slightly tortuous in the descending portion. Hilar areas show a few calcifications, but are otherwise unremarkable. The parenchyma shows a few small calcifications. There is some increase in interstitial markings. Emphysematous changes are also noted.

Impression:
1) Changes of chronic obstructive lung disease.
2) Linear calcification in the dome of the left hemi-diaphragm.
3) Some scattered calcification, apparently from a previous granulomatous process.

COPY TO:
Claimant
Claimant Rep
Employer Rep
Other
MEDICAL SECTION
by KPG
1/26/87
Date

State Of Ohio
Industrial Commission

SPECIALIST'S REPORT

Claim No. OD 307-27

Claimant Leroy F. Frazee

Address 942 N. West St., Lima, OH 45801 Employer

Date of Examination December 29, 1986 Age 65

NOTE: Submit report under following headings: (1) History. (2) Complaints. (3) Examinations, including X-ray and laboratory work. (4) Discussion. (5) Opinion. Sign and mail THREE copies to the MEDICAL SECTION. Retain one for your file.

REPORT OF EXAMINATION TO BE RETURNED FOLLOWING REQUEST.

RECEIVED

HISTORY This 65-year-old man retired in 1986, due to shortness of breath, weakness, and arthritis. He gives a work history compatible with a six year exposure to asbestos, perhaps in heavy concentrations, as he worked as a boiler insulator for Lima Locomotive from 1943 to 1949. From 1950 to 1970, approximately, he worked for the Sioux Honey Factory doing all phases of canning of honey. Since that time he has worked in two other jobs without significant exposure, the most recent being a potato chip distributorship where he worked as a warehouse man. He gives a history of having been a cigarette smoker of 1½-2 packs per day for 44 years, but stopped two years ago. He had pneumonia in 1970. He denies a history of tuberculosis, asthma, allergies except to SULFA, or chest pain. He has a chronic daily cough productive of whitish-brown sputum. He has dyspnea on exertion, walking one flight of steps, and at times with some activities of daily living. His shortness of breath has been worse in the past 2-3 years. He has had an episode of congestive heart failure in the past in May, 1986. His current medications are Theo-Dur, Indocin, Feldene, Librium, and Lasix. His family history is unremarkable except for a history of asthma. He has no alcohol intake history. He has had no remarkable or significant surgeries.

Physical examination reveals a healthy appearing elderly male in no acute distress. Pulse is 80, R 18-20, T normal, BP 160/90. Examination of the HEENT was negative. Neck exam was supple without adenopathy, thyromegaly, mass or bruit. Chest exam reveals a slight increase in AP diameter. The diaphragms were low in position, as found on percussion. Breath sounds were generally decreased.

Cardiac exam - the heart tones were best heard in the epigastric area. No significant murmur or gallop was noted.

Abdominal exam revealed no palpable organ enlargement or mass.

Rectal and genital exams were deferred.

Extremities - showed no significant edema, clubbing, or cyanosis.

Neurologic was intact.

A chest x-ray was done in our office, and a copy of this report is enclosed for your records. There are changes of chronic obstructive lung disease. Also, findings of calcification in the dome of the left hemi-diaphragm is noted along with scattered calcifications, apparently from a previous granulomatous process. Spirometry was also done, and copies are also enclosed for your records. There is a moderately severe obstructive defect. The vital capacity is at the lower limit of normal. No significant acute response is noted after inhaled Metaproterenol.

Discussion: It would seem that this patient had the potential for high levels of asbestos exposure for six years, back in the mid-1940's. Since that time he has had no significant occupational exposure that I can determine. His clinical and chest x-ray findings are predominantly those of chronic obstructive lung disease, and this would be due to his long-term heavy cigarette smoking history. The calcification in the diaphragm could be due to asbestos exposure, however, the rest of the parenchyma does not have features which would be called asbestosis on chest x-ray.

_____ M.D.
(Signature of Examiner)

(CONTINUE REPORT ON REVERSE OF SHEET — NOTE INSTRUCTIONS)

STATE OF OHIO
THE INDUSTRIAL COMMISSION OF OHIO

NOTICE OF HEARING

CLAIM NUMBER: OD 307-27

Leroy F. Frazee
942 N. West St.
Lima, OH 45801

Lima Locomotive Works
(out of business)

LAW DIRECTOR, BWC

You are hereby notified that the above claim has been set for hearing at the office of the INDUSTRIAL COMMISSION OF OHIO:

(STREET) 71 Town Square

(ROOM)

(FLOOR)

(CITY) Lima, OH 45802

on Thursday, March 12, 1987, 3:00 p.m. (1)
(WEEKDAY) (DATE & TIME)

This notice is sent to you for information. You are urged to be present and to introduce all testimony and evidence pertinent to your application. You will not be reimbursed for expenses incurred in coming to this hearing unless a subpoena has been issued for your attendance.

ATTENTION

QUESTION TO BE HEARD:

Reset

Filing Date: 9-23-85

Action Requested By: DHO

Date Mailed: 2-23-87

Typed By: jln
NCRWP (C115-NOTICE) Revised 5/86

RADIOLOGY DEPARTMENT REQUEST

LIMA MEMORIAL HOSPITAL
LIMA, OHIO

FRAZEE, LEROY 64 #988838-9
942 NORTH WEST ST
LIMA, OHIO
DR. ALBERTSON

PATIENT IN ▲

PATIENT OUT

☐ PORTABLE ☐ SURGERY IN A.M.	DATE OF REQN.	DATE TO BE TAKEN 5-20-86

X-RAY NO. 67-11-16 CHAIR ☐ CART ☐

☒ PA-LAT CHEST	☐ PA ONLY	☐ UPPER G.I.	COMMENTS:
☐ ABDOMEN - K.U.B.	☐ ESOPHOGRAM	☐ PELVIS	
☐ ABDOMINAL SERIES	☐ SMALL BOWEL	☐ HIP	
☐ GALL BLADDER	☐ BARIUM ENEMA	☐ CERVICAL SPINE	
☐ REPEAT G.B.	☐ SKULL	☐ CERVICAL W/OBLIQUES	SPECIFY ALL UNLISTED EXAMS IN THIS SPACE
☐ I.V. CHOLANGIOGRAM	☐ SINUSES	☐ THORACIC SPINE	
☐ I.V.P.-I.V. UROGRAM	☐ MASTOIDS	☐ LUMBAR SPINE	
☐ VOIDING CYSTOGRAM	☐ RIBS	☐ LUMBAR W/OBLIQUES	

CLINICAL HISTORY:

SOB

INTERPRETATION

CHEST 5/20/86

PA and lateral views of the chest were obtained. The patient has COPD. This patient has also had previous granulomatous disease. The heart is normal in size. Incidentally, there are calcified plaques on both hemidiaphragms. Has the patient had occupational exposure to asbestosis.

IMPRESSION: (1) COPD AND PREVIOUS GRANULOMATOUS DISEASE.
(2) ASBESTOSIS EXPOSURE.

RICHARD S. GORDON, M.D./dg 5/20

RADIOLOGIST

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

Record of Proceedings

Employee: Leroy F. Frazee — Claim No. OD 307-27

Street and No. 942 N. West St. — Date of Injury 9-16-85

City Lima, OH 45801 (State) — Date quit work

Employer: Lima Locomotive Works — Manual No. 3606

Street and No. (OUT OF BUSINESS) — Risk No. 889041

City

PREVIOUS AWARDS FOR COMPENSATION AND MEDICAL SERVICES

T.T. from ____ to ____ Amt. $ ____ Overpd. $ ____

T.T. from ____ to ____ Amt. $ ____ Overpd. $ ____

T.P. from ____ to ____ Amt. $ ____ Overpd. $ ____

P.P. from ____ to ____ Amt. $ ____ Overpd. $ ____

% P.P. from ____ to ____ Amt. $ ____ Overpd. $ ____

P.T. from ____ to ____ Amt. $ ____ Overpd. $ ____

Total Medical Services to date ____ Amt. $ ____ Overpd. $ ____

FINDINGS OF FACTS AND MINUTES

On this day this claim was before the Bureau. Findings and orders were made for the payment of the items listed below. The Auditor was instructed to issue such warrants as are necessary to pay such items. *Note to Auditor — In absence of another name Claimant is Payee.

MEDICAL SERVICES

Item	Name*	Address	Amount	Warrant No.
Balance	of $268.00 to be cancelled in claimant 86-33041			

IMPAIRMENT $ ____ COMPENSATION ____ Weeks at Rate of $ ____

IMPAIRMENT $ ____ COMPENSATION ____ Weeks at Rate of $ ____

Type	Period	Amount	Warrant No.
		FINDINGS MAY 28 1987 MAILED	

On hearing of 2-6-87 an award was made for Medical Service in the amount of $ 286.00 payable to Blanchard Valley Medical Associates

This was an error and said award should have been for $ None for the following reason: they say overpayment

It is therefore ordered that the overpayment of $ ____ be deducted from the next statement to be mailed from the Auditing Department to the above named ____

The Auditing Department has deposited warrants and or Blanchard Valley Medical Assoc. issued to ____

No. ____ dated ____ amount $ ____

No. per. ck. 8206 dated 2-20-86 amount $ 554.00

Cancel and or deposit same. Credit XXXXXX Surplus Fund $ 286.00 medical service

Hearing of ____ found an overpayment of ____ in the amount of $ ____ and ordered same collected. Please take the proper procedure to apply the above as shown, to said overpayment. PAY AS SHOWN

That any special finding or order written hereon supersedes any printed matter in conflict therewith.

James L. Mayfield
Administrator

Date 5/28/87 DW/th By Eddie L. Clark
Deputy Claims Administrator

JUN - 3 1987

CLAIMS DIRECTOR

BWC 1136
C-27 Adj. B