FILE NAME: Contract Unit Workers Comp Claims (WCC)

DATE: 1998

DOC#: WCC068

DOCUMENT DESCRIPTION: Workers Comp File - Munger, Lewis

THOMAS E. PFALZER - State Bar No. 85261
JOSEPH E. FINKEL - State Bar No. 167397
KRISTEN A. PICO - State Bar No. 186022
GEOFFREY J. MACMILLAN, JR. - State Bar No. 189658
McNAMARA, HOUSTON, DODGE, McCLURE & NEY
1211 Newell Avenue, Second Floor
Post Office Box 5288
Walnut Creek, California 94596
Telephone: (510) 939-5330
Facsimile: (510) 939-0203

Attorneys for Defendant
RILEY STOKER CORPORATION

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

IN RE: COMPLEX ASBESTOS LITIGATION	NO. 828684
	DEFENDANT RILEY STOKER CORPORATION'S AMENDED RESPONSES TO PLAINTIFFS' STANDARD GENERAL ORDER 129 INTERROGATORIES

Riley Stoker Corporation "Riley Stoker" or the "Company"), pursuant to and under the protection of the California Rules of Civil Procedures, hereby files these responses to Plaintiffs' Standard Asbestos Case Interrogatories (hereinafter "Interrogatories") pursuant to San Francisco Superior Court General Order No. 129.

RESPONSE NO. 1

James S. Brantl, General Counsel, DB Riley, Inc., P.O. Box 15040, Worcester, MA. 01615-0040.

RESPONSE NO. 2

James S. Brantl, Esquire, joined Riley Stoker as an Attorney in October of 1976. He became Senior Corporate Attorney

Acct. of [illegible]
Issue by [illegible]
Dem
TILEY
STONER
COMPL.
JAN 23 195[illegible]
RETURN

DATE ANS'D
ANS'D. BY

Form 200—1-4-56—20M

STATE OF MICHIGAN

WORKMEN'S COMPENSATION COMMISSION

AWARD

PLAINTIFF'S EXHIBIT
RS-376

Employe	vs.	Employer-Insurer(s)
[illegible]	vs.	[illegible]

Application for an adjustment of a claim having been scheduled for hearing at [illegible], Michigan, on 1-16 19 57, I find as follows:

1. That the above named employe did - did not receive a personal injury arising out of and in the course of his - her employment by the above named employer on ______ 19___.

2. That the employe's average weekly wage at the time of injury was $______ and his - her occupation was skilled ( ) common labor ( ).

3. That the employe is entitled to receive from the respondent(s) compensation at the rate of $______ per week for total disability from ______ 19___ to ______ 19___ and at the rate of $______ per week for partial disability from ______ 19___ to ______ 19___;

further, that the employe is still totally - partially disabled and entitled to continue to receive compensation at the rate of $______ per week until further order of the commission.

4. That the employe is entitled to receive from said respondent(s) compensation at the rate of $______ per week for the specific period of ______ weeks from ______ for the loss of ______

MAILED
JAN 22 1957
for
WORKMEN'S COMPENSATION DEPT.
LANSING, MICH.

5. That the applicant(s) is - are entitled to receive from said respondent(s) $______ for ______

Specify whether medical, hospital, funeral, etc.

6. That the applicant(s) is - are entitled to receive out of the compensation due to employe - dependents the sum of $______ in full of all legal services rendered in the above entitled cause to the date hereof and the respondent(s) is - are hereby authorized to pay the same and to deduct said amount from sums payable to the employe - dependents, same to be payable as follows: ______

7. That the applicant(s) is - are entitled to receive from the respondent(s) compensation at the rate of $______ per week as total - partial dependent(s) of ______ (Employe) from ______ 19___ until further order of the Commission but not to exceed a period of 400 weeks from the date of the death of the above named employe.

8. Names and ages of minor dependents (If none, so state) ______

That the "prior" employers listed hereafter have agreed to pay to Armstrong Cork Co. and Travelers Insurance Co., as their proportionate share for compensation
Further benefits owed and now being paid by Travelers Insurance Co. to Lewis Hunger, plaintiff, the sum of [illegible] per month for each month the said Lewis Hunger was in their employ. The parties further agree to pay the accrued portions of their liability at this time and that Travelers Insurance Co. will bill them at the end of each year until such time as the amount of benefits as set forth in the award dated 2/[illegible]/[illegible] has been paid.

(OVER)

James W. Nolan
Deputy Commissioner
Hearing Referee

Signed this 16th day of January A. D. 19 57

THE ABOVE AWARD IS ENTERED IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 10, PUBLIC ACTS, FIRST EXTRA SESSION OF 1912, AS AMENDED, UNLESS A CLAIM FOR REVIEW IS FILED BY EITHER PARTY WITHIN TEN DAYS FROM MAILING DATE OF THIS AWARD, IT SHALL STAND AS THE FINAL DECISION OF THE WORKMEN'S COMPENSATION COMMISSION. [illegible]

EXHIBIT
Ridder 7
2/6/02 sw

RS-000063
1/17/02
NUECES

STATE OF MICHIGAN

WORKMEN'S COMPENSATION DEPARTMENT

APPLICATION FOR HEARING AND ADJUSTMENT OF CLAIM
IN THE NATURE OF APPORTIONMENT

EMPLOYER Lewis M. Munger 110 W. Midland Ave., Auburn, Michigan

and

EMPLOYER Armstrong Cork Co. Lancaster, Pa.

INSURANCE CARRIER Travelers Insurance Company

The applicant respectfully shows:

1. That this claim relates to a personal injury which occurred on or about

OR to a disablement from occupational disease which occurred on or about August 7, 1953.

2. That the injury or disablement occurred at Midland, Midland, Michigan and in the following
City County State

manner: This proceeding is for an apportionment of liability for medical expense in the total amount of $5,157.16 which became payable and was paid by your petitioner by virtue of an Appeal Board Order dated January [illegible] 1956, among prior employers in accordance with the attached list under the provision of Sec. 17.228 of the M.S.A. being Sec. 417.9 of C.L. 1948.

(Last day worked) (Daily Wage at time of injury or disablement) (Weekly earnings)

3. Nature of disability ~~[illegible]~~ pneumoconiosis; asbestosis

Date of recovery Date of return to work

4. If death resulted, give date of death Relationship of applicant to deceased

5. Names of persons dependent upon injured employee on date of injury .

6. If adjustment of attorney or medical fees or funeral expense is sought, please state which and amount

Wherefore applicant requests that he be granted such relief as he is entitled to under the Workmen's Compensation Law of Michigan and that the Department set this matter for hearing so that the parties herein may have a determination of their rights under the Workmen's Compensation Law.

Dated at Detroit, Michigan this 30th day of July 19 59

ARMSTRONG CORK CO. and TRAVELERS INSURANCE C.

Signed [signature] (Applicant must sign here) Attorney

Address 1204 Dime Building, Detroit, Mi

NOTE:- Either party to a dispute regarding compensation matters may apply to the Department for an adjustment of its claim. Three copies of this application must be mailed to the Workmen's Compensation Department, Lansing 13, Michigan. The applicant should keep one copy

RB-000004
1/17/03
NUECES

EMPLOYER	INSURER
Jackson Insulating Company	Michigan Mutual Liability Co. 28 West Adams Detroit 26, Michigan
Riley Stoker Company	Michigan Mutual Liability Co. 28 West Adams Detroit 26, Michigan
Everts Asbestos Company	Continental Casualty Company 515 Ford Building Detroit 26, Michigan
J. W. Wellman Asbestos Co.	State Accident Fund 1602 Cadillac Tower Detroit 26, Michigan
Johns-Manville Company	Travelers Insurance Company 930 Dime Building Detroit 26, Michigan
Central Asbestos & Magnesia Co.	Hartford Accident & Indemnity 1000 National Bank Building Detroit 26, Michigan
Parham Insulation Company	American Automobile Insurance 1100 Guardian Building Detroit 26, Michigan

Barry Castleman's Insulators' Workers Comp Files
CD-ROM Document # IWC DATE 1957

Munger - D

Castleman File: Riley Stoker
w/c = with cover letter or memo If DATE = 0, undated

CD-ROM Document #:RS 6 Month/Year 1957

__ published article from trade journal

__ published advertisement from trade journal

__ government inspection results

__ unpublished or internal report

__ unpublished presentation from conference

__ newspaper article

✓ letter __ memorandum

__ industry warning labels

__ industry sales literature

__ industry recommended practices

__ meeting agenda __ minutes __ attendee list

__ legal filing of defense

__ legal filing of plaintiff

__ legal deposition OR __ legal testimony of:

__ legal deposition summary / index

RILEY STOKER CORPORATION
WORCESTER, MASSACHUSETTS

January 9, 1957

Michigan Mutual Liability Insurance Company
28 West Adams Street
Detroit, Michigan

RE: ACCIDENT CONTROL PROGRAM
LEWIS MUNGER

Gentlemen:

We are enclosing herewith a notice of hearing received from the Workmen's Compensation Department of the State of Michigan indicating the hearing to be held on a petition for apportionment of liability on January 18, 1957, commencing at 9:30 a.m. This is in connection with a claim instituted by Lewis M. Munger against several defendants, listed and attached to the notice of hearing of which Riley Stoker Corporation is included.

Please refer to the writer's letter of August 13, 1956, wherein a letter received from Workmen's Compensation Department of Michigan covering a case for Lewis Munger versus Armstrong Cork Company was mailed to your office.

The writer at that time advised that this employee worked for the Riley Stoker Corporation from June 12, 1952 through August 15, 1952 on the James DeYoung Steam Plant, Riley Contract B-1947. This employee was employed as an insulator mechanic and was removed on August 15, 1952 because of "a reduction in working force." While in our employ, this employee was not injured.

We believe that we have mailed all pertinent information concerning this matter to your attention. However, if you should require any further information, please do not hesitate to contact the writer.

Very truly yours,

RILEY STOKER CORPORATION

P. A. Michaelian
Safety Supervisor

We wish to thank Mr. Peck for his cooperation in this matter, and will be interested to learn of the decision in this hearing if it should be sent direct to the Detroit Office.

PAM/ph
enc.
cc: Detroit Office Ind. Relations Dept.
E. O. Peck, Mgr.

COPY