

III.

That the following is a statement of particulars relative to this application:

1. Name of injured or diseased employee.	
Address.	929 Stone Street Louisville, Kentucky 40217
Occupation.	Chemical Operator
Age.	55
2. Name of employer.	B. F. Goodrich
Address.	Bells Lane
Place of business.	Louisville, Kentucky
Business address.	

8. Name and address of all other parties to this application and reason why each party is joined.

Name and address of employer's insurance carrier, if known.	Self-Insured
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4. Place of accident or exposure,
City, County and State. Louisville, Jefferson County, Kentucky

5. Nature of work on which injured or diseased person was engaged at time of accident or exposure.	Working in plant which uses vinyl chloride
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6. How did accident or disease occur?
(Describe in detail.)

Exposure to harmful chemicals

If occupational disease, give your work history with the names, addresses, and dates of employment where you received injurious exposure.

Employer and Address

Date

Type of Work

Present employer B. F. Goodrich Bells Lane, 1956 to Present chemical opera

7. Nature of injury or disease. (Describe in detail) (If occupational disease, list name of doctors whose reports are attached.)

Liver damage

8. Has injured or disabled person fully recovered? If so, when?	No
When did such person return to work?	Co. transferred employee

9. Particulars of disability, whether total or partial and estimated duration thereof. If death resulted, so state giving date of death. Permanent--future extent unknown at this time

Redacted

10. Was medical and surgical treatment required? Was it furnished by employer? If not, did employer have opportunity to furnish it?	Yes Yes
11. Name and addresses of attending physicians.	Dr. Creech -- Dr. Stanley Smith plant physician Preston Highway Lou KY
12. Wages of employee at time of accident, (State whether paid by day, week, month, or year.) How long did injured person work for this employer at this wage prior to the accident? State whether employment was for 5, 5½, 6 or 7 days per week.	\$5.16 dollars per hour Progressive wage increases under collective bargaining agreement 5
13. Amount injured person is earning, or is able to earn in some suitable employment or business after the accident.	approx. 1700 per year less than before discovery of liver disease
14. Payment, allowance or benefit received from employer.	\$? for ? weeks' medical care and attendance. \$ -0- per week for -0- weeks' disability compensation.
15. Additional amount claimed as compensation.	maximum for maximum weeks' medical care and attendance. (Itemize expenditure made by you for this purpose) maximum per week for maximum weeks' disability.
16. When was the employer notified of the accident or disease?	immediately
17. If employer was not notified promptly after date of accident or disease, give reason for failure to notify him.	
18. State name, address and relationship of all dependents. If to adjust claim for medical attendance or funeral expenses, state name and address of all other such creditors and amount of claim, if known.	(This paragraph must be filled out completely.) Name _____ Address 929 Stone Street, Louisville, Kentucky
Name _____	Address same
Name _____	Address same
Name _____	Address same
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

WHEREFORE PLAINTIFF PRAYS, That the above-named defendant be required to answer this petition; that a time and place be fixed for hearing hereof and due notice thereof given, and that upon such hearing, an order or award be made by your Honorable Board granting such relief as the said applicant may be entitled to in the premises.

Dated at Louisville, Kentucky

(Signed)

(Plaintiff)

this 12th day of April, 1974

Address 929 Stone Street

Louisville, Kentucky 40217

plaintiff herein being duly sworn, says that the statements of the foregoing application are true.

(Plaintiff)

Subscribed and sworn to before me, this 12th day of April, 1974.

Notary Public or other authorized officer

My commission expires 11/9/77 ; County State at Large, Kentucky

NGC39367