FILE NAME: Westinghouse (WH)

DATE: 1978 Aug 14

DOC#: WH055

DOCUMENT DESCRIPTION: Legal - Assignment of Petition to Workers' Compensation Reports

WC-367 (Rev 10/77)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
3607 DERRY STREET
HARRISBURG, PA. 17111

ASSIGNMENT OF PETITION TO WORKERS' COMPENSATION REFEREE

FATAL CLAIM

DELAWARE COUNTY

195-05-7199

Thomas F. Johnson (Dec'd)
Mary Johnson (Widow)
429 W. 21st St.
Chester, PA. 19013

VS

8-16-78
DATE OF THIS NOTICE

COPY OF PETITION MAILED TO
ADVERSE PARTY WITH THIS NOTICE

WESTINGHOUSE ELECTRIC CORP.
Lester, PA. 19013

SELF-INSURED

Stephen A. McBride, Esq.
214 N. Jackson St.
Media, PA. 19063

The Referee will notify all parties of the time and place of the hearing.

The parties are hereby notified that an answer may be filed with the Referee at his office within fifteen (15) days from the date of this notice. Facts alleged in a claim petition will be deemed to be admitted unless specifically denied. However, the failure of any party to deny a fact alleged in any other petition shall not preclude the Referee from requiring proof of such fact at a hearing.

If a party fails to appear in person or by counsel at a scheduled hearing without adequate excuse, the Referee shall decide the matter on the basis of the petition and the evidence presented.

THE ABOVE PETITION HAS BEEN ASSIGNED TO THE FOLLOWING REFEREE FOR DETERMINATION:

Peter E. Perry, Jr., Dist. Mgr.
1523 State Office Bldg.
1400 Spring Garden St.
Philadelphia, PA. 19130

mcs

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF OCCUPATIONAL
INJURY AND DISEASE COMPENSATION
HARRISBURG 17120

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION UNDER THE PENNSYLVANIA WORKMEN'S COMPENSATION ACT OF 1915, AS REENACTED AND AMENDED

INTERBRAMS DECEMBER 1, 1976

(TYPE OR PRINT CLEARLY)

NAME OF CLAIMANT: THOMAS F. JOHNSON, Deceased by MARY JOHNSON, his wife, and Executrix — SOCIAL SECURITY NO.: 195-05-7199

STREET AND NUMBER OR R.D. NUMBER: 429 West 21st Street (of the Estate of THOMAS F. JOHNSON) — DATE OF BIRTH: 09-29-13

CITY OR TOWN: Chester — COUNTY: Delaware — STATE: Pa. — ZIP CODE: 19013 — TELEPHONE AREA CODE:

Vs.

EMPLOYER: WESTINGHOUSE ELECTRIC CORPORATION — INSURANCE CARRIER: Self Insured

STREET AND NUMBER: Lester — CITY OR TOWN: Pa. — STATE: 19013 — ZIP CODE

STREET AND NUMBER — CITY OR TOWN — STATE — ZIP CODE

TO YOUR HONORABLE REFEREE:

The above named claimant respectfully alleges the following facts:

1. The nature of my employer's business was turbine testing and manufacturing
2. The nature of my occupation was Turbine Tester

DESCRIBE YOUR WORK INCLUDING TITLE, IF ANY

3. The date of my injury was 09-24-76
4. My injury occurred on employer's premises [X] ..... If not, state exact location, including county or nearest

5. My injury or disease occurred in the following manner: Exposure to asbestos resulting in Malignant Mesothelioma with Metastasis.

DESCRIBE FULLY THE EVENTS WHICH RESULTED IN YOUR INJURY OR DISEASE

6. The nature of my injury or disease is Malignant Mesothelioma with Metastasis

DESCRIBE FULLY, INCLUDING PARTS OF BODY AFFECTED

7. If claim is for OCCUPATIONAL DISEASE under Section 108, complete the following additional information:

a. I became (totally) (partially) disabled as a result of the above occupational disease on September 24, 19 76.

b. My last exposure after June 30, 1973, to the hazard of the above occupational disease was from June 30, 19 73, to September 23, 19 76, while employed by Westinghouse Electric Corporation, Lester, Pennsylvania

c. Prior to June 30, 1973, I was exposed to the hazard of the above occupational disease while employed by:

NAME ALL EMPLOYERS	DATES OF EMPLOYMENT FROM	TO
Westinghouse Electric Corporation Lester, Pennsylvania	Approx. 1950	06-30-73

Complete remaining questions on other side

I was treated by the following doctors and/or hospitals:

GIVE NAMES AND ADDRESSES. IF NONE, SO STATE.

Raymond J. Vivacqua, M.D., 15th and Upland Avenue, Upland, Pa.

Jerome Rudnitsky, M.D., Crozer-Chester Medical Center Professional Bldg Upland, Pa.

9. a. I did not request my employer to furnish the above medical and hospital services.

b. The employer did not furnish these services.

c. The amount spent by me for all or part of these services was $ 12,689.95

10. I was disabled due to my injury or disease from September 24, 19 76 to January 19, 19 77

11. I have not returned to work at my previous occupation and at my former wages, which were $ approx. $400

12. Notice of my injury or disease was served upon my employer on September 24, 1976 by Decedent (date) in the following manner:

Decedent and Mr. Sportner both advised an employee of Westinghouse, whose name is unknown at the present time.

STATE TO WHOM AND HOW NOTICE WAS GIVEN.

13. I believe the following additional facts to be important:

WHEREFORE, I ask that your honorable Referee issue an award of compensation to me in accordance with the provisions of the Pennsylvania Workmen's Compensation Act.

[signature]

MARY JOHNSON, widow of THOMAS F. JOHNSON

Subscribed and sworn to before me on this 21st day of July, 1978 [signature]

[signature]

(This affidavit may be sworn before a compensation referee or any person authorized to administer an oath.)

LINDA J. FOGGMAN, Notary Public
Media Boro, Delaware Co.
My Commission Expires July 2[illegible], 19[illegible]

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

STEPHEN A. McBRIDE, ESQUIRE

ATTORNEY

214 North Jackson Street

ADDRESS

Media, Pennsylvania 19063

LABOR AND INDUSTRY AUG -2 1978

NOTICE: This petition should be filed in original and five exact copies either typed or printed. [illegible] make affidavit to the original petition.