

FILE NAME: Westinghouse (WH)

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Compensation Reports

44-387 (Rev. 10/79)



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

ASSIGNMENT OF PETITION TO WORKERS' COMPENSATION RETURN

FATAL CLAIM

DELANWARE COUNTY

195-05-7199

THOMAS F. JOHNSON (Dec'd)
MARY JOHNSON (Widow)
429 W. 21st St.
Chester, Pa. 19013

9-14-79

DATE OF THIS OFFICE

COPY OF PETITION MAILED TO
ADDRESSEE PART WITH THIS RETURN

WESTINGHOUSE ELECTRIC CORP.
Lancaster, 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 REFERENCE FOR RECOMMENDATION:

Peter E. Perry, Jr., Dist. Mgr.
1523 State Office Bldg.
1400 Spring Garden St.
Philadelphia, PA. 19136

208

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

(TYPE OR PRINT CLEARLY)

NAME OF CLAIMANT **THOMAS F. JOHNSON, Deceased** SOCIAL SECURITY NO. **195-05-7199**
by **MARY JOHNSON, his wife, and Executrix**
STREET AND NUMBER OR R.D. NUMBER (of the Estate of **THOMAS F. JOHNSON**) DATE OF BIRTH
429 West 21st Street **09-29-13**

CITY OR TOWN **Chester** COUNTY **Delaware** STATE **Pa.** ZIP CODE **19013**

TELEPHONE _____ AREA CODE _____

WESTINGHOUSE ELECTRIC CORPORATION

Self Insured

DEPENDENT EMPLOYER

INSURANCE CARRIER

STREET AND NUMBER
Lester **Pa.** **19013**

STREET AND NUMBER

CITY OR TOWN _____ STATE _____ ZIP CODE _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

TO YOUR HONORABLE REFERENCE:

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**

RECORD YOUR WORK INCLUDING TITLE, IF ANY

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

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

RECORD FULLY THE EVENTS WHICH RESULTED IN YOUR INJURY OR DISEASE

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

RECORD FULLY, INCLUDING PARTS OF BODY AFFECTED

7. If claim is for OCCUPATIONAL DISEASE under Section 102, 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
Westinghouse Electric Corporation
Lester, Pennsylvania

DATE OF EMPLOYMENT
FROM **Approx. 1950** **TO** **06-30-73**

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

Raymond J. Vivacqua, M.D., ^{GIVE NAME AND ADDRESS, IF HOME, OR STATE.} 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, 1976 to January 19, 1977

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)

Decedent and Mr. Spontner both advised an employee of Hestingshouse, whose name is unknown at the present time in the following manner:
state to them 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.

Theresa Johnson
WIFE OF THOMAS F. JOHNSON

Subscribed and sworn to before me on this 2nd day of July, 1976, at Upland, Pa.

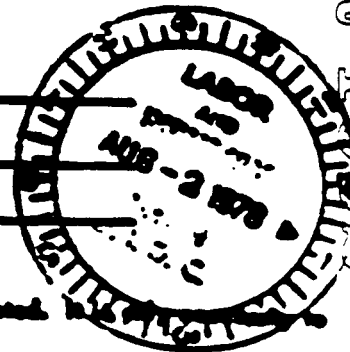
(This affidavit may be sworn before a compensation referee or JAMES J. FORDHAM, Notary Public
any person authorized to administer an oath.) State Bar, Commerce Co.
My Commission Expires July 22, 1978

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

STEPHEN A. MORRIS, ESQUIRE

217 North Jackson Street

MOORE, Pennsylvania 19063



NOTICE: This petition should be filed in original and five exact copies either typed or printed. In all cases, make affidavit to the original petition.