FILE NAME: Plant Insulation Company (PIC)

DATE: 1959

DOC#: PIC002

DOCUMENT DESCRIPTION: Worker's Compensation Claim

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL ACCIDENT COMMISSION

RECEIVED
FEB 13 1959
Industrial Accident Commission
Oakland Office

APPLICATION

CASE NO. 59 OAK 1053

ROBERT F. CUTHBERTSON — 2438 Garvin Ave., Richmond Cal
APPLICANT — APPLICANT'S ADDRESS

vs.

Social Security No.

Plant Asbestos-see attached
J.T. Thorpe
Western Asbestos
Armstrong Cork
EMPLOYER

Rodman & Hoepner
~~Union Mutual~~
Travelers Ins. Co
EMPLOYER'S INSURANCE CARRIER

1351 Ocean Ave., Emeryville, Cal
675 Townsend EMPLOYER'S ADDRESS San Francisco
304 Shaw Rd, San Francisco, Cal

Bank of America Bldg., Oakland, Cal
~~160 San Jose St., San Francisco, Cal~~
360 Montgomery St., San Francisco, Cal
INSURANCE CARRIER'S ADDRESS

1. _____ (NAME OF EMPLOYEE) alleges that while employed as a asbestos worker (OCCUPATION AT TIME OF INJURY) on May 4,1928 (DATE OF BIRTH)
August 12,(approx) 1958 (DATE OF INJURY) at Oakland (CITY, TOWN OR PLACE WHERE INJURY occurred), California, by _____ (NAME OF EMPLOYER) he sustained injury arising out of and in the course of the employment, as follows:
doing instalation work with asbestos and diatemacious material resulting in
lung condition
(EXPLAIN HOW INJURY WAS RECEIVED / STATE WHAT PARTS OF BODY WERE INJURED AND DESCRIBE EXT DISABILITY)

2. see above was the employer's insurance carrier on date of injury.
(NAME OF INSURANCE CARRIER ON DATE OF INJURY, IF EMPLOYER HAD NOT INSURED, STATE WHETHER SELF-INSURED OR UNINSURED)

3. Aug. 1, 1958 (IF KNOWN, GIVE DATE EMPLOYEE RETURNED TO WORK) Nov. 4, 1958 (DATE EMPLOYEE RETURNED TO WORK) _____ (DATE LAST INSTALLMENT PAID)

4. Was compensation paid? no (YES OR NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

5. Earnings at time of injury: $ maximum @ _____ (HOURLY OR WEEKLY) The basis of pay was _____ (STATE PAY PERIODS AND HOURLY RATE, SHOWING A DAY AND WEEK IF DOUBLE)
Was there any overtime? _____ (YES OR NO) Were lodging, board, or other advantages given? _____ (YES OR NO) $_____ (WEEKLY VALUE)

6. Was medical treatment needed? yes (YES OR NO) Who furnished treatment? Dr. Crenshaw
(GIVE NAMES OF DOCTORS WHO TREATED THE INJURY AND STATE WHO PAID THEIR BILLS)

7. Use this space only if injury resulted in death. Date of death _____
(GIVE NAMES, ADDRESSES AND RELATIONSHIP OF DEPENDENTS, AND DATE OF ALL WHOM IS)

8. This application is filed to determine liability for:
a. Temporary disability yes (YES OR NO) b. Permanent disability yes (YES OR NO) c. Medical treatment yes (YES OR NO) d. Medical costs yes (YES OR NO)
e. Litigation expense yes (YES OR NO) f. Death benefit _____ (YES OR NO) g. Burial expense _____ (YES OR NO) h. _____ (STATE ANY OTHERS REQUIRED)

9. _____
(LIST CASE NUMBER OF ANY OTHER APPLICATIONS FILED)

WHEREFORE, It is requested that a time and place be fixed for hearing and that an award be made granting such relief as may be proper under the Workmen's Compensation Laws of California.

Dated at Oakland (CITY), California, Feb. 10,1959 (DATE)

Hearing requested at Oakland, Calif (CITY)

Number of witnesses 1

Estimated time of trial 1/2 day.

Robert F. Cuthbertson
Robert F. (APPLICANT'S SIGNATURE) Cuthbertson

Smith & Parrish
(APPLICANT'S ATTORNEY)

501 Financial Center Bldg., Oakland, California, GI 2 2000
(ATTORNEY'S ADDRESS AND TELEPHONE NO. IF KNOWN)

FOR OFFICE USE ONLY	
Served on:	
EE	EEA
ER	ERA
INS	INSA
By _____ Date _____	

NOTE—PLEASE GIVE NAME OF CITY WHERE HEARING IS DESIRED. CASE WILL BE SET FOR CITY DESIGNATED OR NEAREST DEPARTMENT CITY. IF PRACTICABLE, GIVE NUMBER OF WITNESSES EXPECTED TO BE CALLED, AND BE CERTAIN OF THE TIME REQUIRED FOR HEARING SO THAT CASE MAY BE ALLOTTED TO ABSOLUTE CASE WITHOUT A CONTINUANCE.

NOTE—IF ANY THE PROVISIONS OF THE CALIFORNIA WORKMEN'S COMPENSATION INSURANCE AND SAFETY LAWS THE APPLICANT HEREIN MAY STATE THE ORIGINAL CAUSE OF THE CLAIM IS CONTINUED. OTHER APPLICATIONS ONLY WHICH FILLED OUT AND SIGNED BY APPLICANT IN ONE OF FILED WITH OR MAILED TO THE NEAREST OFFICE OF THE INDUSTRIAL ACCIDENT COMMISSION WITHOUT DELAY. THIS NOTICE WILL TERMINATE OR AFFECT THE TIME AND PLACE OF HEARING. EITHER PARTY MAY BE REPRESENTED IN PERSON, BY ATTORNEY OR OTHER AGENT.

(B-6 (REV. 7-57))

EMPLOYMENT RECORD

1947 July through December 1947, Plant Asbestos Co

1948 January, Plant Asbestos Co.

1948 May through December, 1948, J. T. Thorpe

1949, 1st of January, January 12, 1949, J. T. Thorpe

1949, January 14 through May 4, 1949, Western Asbestos Co.

1949, May 11 through Aug. 10, 1949, J. T. Thorpe

1949, Aug. 11 through Dec. 1949, Plant Asbestos Co

1950, Jan. 1 through Feb. 16, 1950, Plant Asbestos Co

1950, March 13 through Aug 3, 1950, Western Asbestos Co

1950, Aug. 20 to Sept. 3, 1950, Plant Asbestos Co

1950, Sept. 13 through December, 1950, Armstrong Cork

1951, January through December, 1951, Armstrong Cork

1952, January through December, 1952, Armstrong Cork

1953, January through December, Armstrong Cork

1954, January through July 17, 1954, Armstrong Cork

1954, July 18 through December, 1954, Plant Asbestos

1955, January through December, Plant Asbestos

1956, January though December, Plant Asbestos

1957, January to May, Plant Asbestos

1957, May through August, 1957, leg injury

1957, Sept. through December, Plant Asbestos

1958, Jan. to Feb. 13, 1958, Plant Asbestos

1958, March 28 through Aug. 11, Plant Asbestos

1958, Nov. 4 through December, 1958, Plant Asbestos

Re: Robert P. Cuthbertson vs. Plant Asbestos, et al.
I.A.C. No. OAK 1053

S.F. 1-6-60 CMD

March 13, 1959

Health Department
Contra Costa County
P. O. Box 871
Martinez, California

Attention: Robert B. Crothers

RE: JACK CUTHBERTSON -vs- WESTERN ASBESTOS COMPANY et al
55 SF 161-570

ROBERT F. CUTHBERTSON -vs- PLANT ASBESTOS et al
59 OAK 1063

Gentlemen:

Enclosed herewith is copy of Findings and Award in the matter first named above. As a general rule, copies of Findings and Awards are not provided in answer to inquiries for informative purposes. But in this particular instance, there happened to be a surplus of copies, and we are making an exception.

In the second named matter, pertaining to Robert F. Cuthbertson, you will note that there is a current file in the Oakland office of the Commission. An inquiry directed to the following address should supply you with the information you desire:

Industrial Accident Commission
Attn: John F. Anxele, Referee
577 - 14th Street, Rm. 510
Oakland, California.

EXHIBIT 5
WITNESS Howard
5-20-60
HARRY D. GARNIN, C.S.R.

Very truly yours,

Counsel
HERBERT A. PERRIN

ENCLOSURES

POOR ORIGINAL

5.1

H. L. BLUM, M. D.
HEALTH OFFICER
PHONE ACADEMY 8-3000

HEALTH DEPARTMENT
CONTRA COSTA COUNTY
P. O. BOX 871
MARTINEZ, CALIFORNIA

RECEIVED
MAR 13 1959
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS

March 11, 1959

Robert F 59 Cases 1057
Jack 161-870

Ruppert Pedrin
Information Attorney
Industrial Accident Commission
California State Department of Industrial Relations
965 Mission Street
San Francisco, California

Dear Mr. Pedrin:

It has been called to our attention that a problem concerning the use of fiber glass insulation has arisen at one of our high schools as a result of testimony being given by two of the workers. They are Jack and Robert Cuthberson. These two men who are twins appeared before your commission within the last four years for a hearing on asbestosis. The doctor doing the biopsy and testifying this case was Dr. G. L. Crenshaw of Oakland.

In view of the fact that these men are working at their old trade of lagging in our county and complaining of hazards from a lung irritant, we would appreciate knowing what the decision of the commission was in their previous hearing.

Very truly yours,

H. L. Blum, M.D.
Health Officer

Robert B. Crothers

By: Robert B. Crothers
Air Sanitation Director

RBC:il

cc Dr. Rigney

S.V