

FILE NAME: Contract Unit Workers Comp Claims (WCC)

DATE: 1990

DOC#: WCC010

DOCUMENT DESCRIPTION: Workers Comp File - McCarrell, Ervey O

Contains all documents found in the Claimant's file, with one blank page between each separate document

JAN 14 PM 3 07

BEFORE THE INDUSTRIAL ACCIDENT COMMISSION OF THE STATE OF CALIFORNIA

CASE NO. 56 LA 176-684

FILED JAN 14 1960
WILLIAM H. PLAN
JAN 14 1960

ERVEY O. McCARRELL,

Applicant

-VS-

COMPROMISE
AND
RELEASE
AGREEMENT

ARMSTRONG CORK COMPANY, a corporation;
THORPE INSULATION COMPANY, formerly
known as PLANT RUBBER & ASBESTOS COMPANY;
UNITED CORK COMPANY, a corporation; PLANT
RUBBER & ASBESTOS WORKS; FIBREBOARD PAPER
PRODUCTS CORPORATION; MARINE ENGINEERING
& SUPPLY COMPANY; LARRY CARR, doing business
as LOS ANGELES MARINE REFRIGERATION & ENGINE-
ERING COMPANY; PARAFFINE COMPANY, INCORPOR-
ATED; J. T. THORPE, INCORPORATED; JOHNS-
MANVILLE SALES CORPORATION; PLANT INSULATION
COMPANY; THE TRAVELERS INSURANCE COMPANY, a
corporation; LIBERTY MUTUAL INSURANCE COMPANY,
a corporation; PACIFIC EMPLOYERS INSURANCE
COMPANY, a corporation; STANDARD ACCIDENT
INSURANCE COMPANY, a corporation; FIREMAN'S
FUND INSURANCE COMPANY, a corporation;
OTTUM-CANNING GLASS COMPANY; THE ASTNA
CASUALTY & SURETY COMPANY, a corporation,

Defendants

The parties hereto, for the purpose of compromise only,
hereby submit the following agreed statements of fact:

1. Ervey O. McCarrell, the applicant herein, born March
3, 1903, claims that while employed during the period of 1942 to
date, as an insulation worker at maximum earnings for Armstrong Cork
Company, a corporation, whose compensation carriers were The
Travelers Insurance Company, a corporation, and The Standard
Accident Insurance Company, a corporation; The Thorpe Insulation
Company, formerly known as Plant Rubber & Asbestos Company, whose
compensation carriers were Pacific Employers Insurance Company;
the United Cork Company, a corporation, whose compensation carrier
was the Liberty Mutual Insurance Company, a corporation; the Fibre-
board Paper Products Corporation, formerly known as the (Paraffine)
Company, Inc., sued herein as Paraffine Company, Inc., and by Plant

9 Asbestos Works, formerly a wholly owned subsidiary of
10 Edward Paper Products Corporation, under its then name of the
11 Asbestos Company, Inc., which was permissably self-insured; the
12 Asbestos Engineering and Supply Company whose compensation carrier
13 was Pacific Employers Insurance Company; Larry Carr, d/b/a Los
14 Angeles Market Refrigeration and Engineering Company, whose compen-
15 sation carrier is unknown; J. T. Thorpe Incorporated, whose compen-
16 sation carrier was Pacific Employers Insurance Company; Johns-
17 Manville Sales Corporation, whose compensation carrier was The
18 Travelers Insurance Company; Plant Insulation Company whose compen-
19 sation carrier was the Pacific Employers Insurance Company and
20 Fireman's Fund Insurance Company; and the Owens-Corning Glass
21 Company whose compensation carrier was The Aetna Casualty & Surety
22 Company, a corporation; all of which above alleged employments
23 being at various locations throughout the State of California, sus-
24 tained an injury arising out of and occurring in the course of his
25 employment, allegedly consisting of occupational exposure to asbes-
26 tos, resulting in the claimed injuries and disabilities to the chest
27 claimed herein.

28 2. The actual weekly wages of the employee at the time
29 of claimed injury were maximum.

30 3. The nature of the employee's present disability is in
31 dispute, and the employee has returned to work irregularly since
32 the cessation of payments of temporary disability.

33 4. Disability indemnity has been paid to the applicant
34 herein in the sum of \$4,160.00 at \$40.00 per week for the period
35 of December 5, 1956 through December 4, 1958. The amount due and
36 unpaid to the employee is in dispute.

37 5. The parties hereby agree to settle any and all claims
38 on account of said injury by the payment of the sum of \$13,500.00
39 over and above all monies paid heretofore, which sum is to be con-
40 tributed as follows:

1 as alleged. It is further contended that the disability payments
2 to date in fact should be accredited to any claim for permanent dis-
3 ability, assuming an industrial injury to have occurred, rather than
4 as temporary disability inasmuch as the condition was permanent ab
5 initio. It is further denied that the applicant is in need of or
6 entitled to further medical treatment, assuming that he sustained
7 an industrial injury.

8 It is further agreed by and between the parties hereto
9 that in the event said Compromise and Release is approved, a dis-
10 missal with prejudice may issue in favor of Larry Carr, d/b/a Los
11 Angeles Market Refrigeration & Engineering Company, Owens'-Corning
12 Glass Company, and the Aetna Casualty & Surety Company, a corpora-
13 tion. Further, the parties desire to avoid the hazards, delays and
14 costs of further litigation, and buy their peace. All medical re-
15 ports now of record are, by reference, made a part of this agreement
16 as though written herein.

17 10. The undersigned respectfully request that this
18 Compromise and Release agreement be approved.

19 11. Upon approval of this Compromise and Release agreement
20 by the Industrial Accident Commission, and payment in accordance
21 with the provisions hereof, said applicant releases and forever dis-
22 charges said employers and insurance carriers, and each of them, and
23 their officers, agents, servants, employees and assigns of them, and
24 each of them, and the nurses, physicians and surgeons of them, and
25 each of them, whether acting individually or on behalf of them, or
26 any of them, from all claims and causes of action, whether now known
27 or ascertained, or which may hereafter arise or develop as a result
28 of said injury and/or employments, including any and all liability
29 of said employers and said insurance carriers, and each of them, to
30 the dependents, heirs, executors, representatives, administrators
31 or assigns of said applicant, and in further consideration of pay-
32 ment in accordance herewith, applicant agrees that this release will

1 apply to all unknown and unanticipated injuries and damages resulting
2 from such accident, casualty, event, employment and/or employments,
3 as well as all those now disclosed and all rights under Section 1542
4 of the Civil Code of California are hereby waived.

5 Section 1542 of the Civil Code of California reads as
6 follows:

7 "A general release does not extend to claims
8 which the creditor does not know to suspect
9 to exist in his favor at the time of execu-
10 ting the release, which, if known by him,
11 must have materially affected his settlement
12 with the debtor."

13 12. It is understood and agreed by all of the parties
14 hereto that the applicant herein has not received unemployment com-
15 pensation disability benefits from any source.

16 WITNESS THE EXECUTION HEREOF this day of
17 , 1959, at Los Angeles, and San Francisco, California.

18 *Ervey O. McCarrell*
19 ERVEY O. MCCARRELL, Applicant

20 HAYS & MC LAUGHLIN

21 By *[Signature]*
22 Attorneys for Applicant

23 ARMSTRONG CORK COMPANY, A CORPORATION;
24 TRAVELERS INSURANCE COMPANY, a corpora-
25 tion, ..

26 By: HERLIHY & HERLIHY

27 Per *[Signature]*
28 Attorneys for above defendants

29 ARMSTRONG CORK COMPANY, a corporation;
30 STANDARD ACCIDENT INSURANCE COMPANY, a
31 corporation,

32 By *[Signature]*
Ray S. Caslick, Attorney for above
defendants

PIERREBOARD PAPER PRODUCTS CORPORATION,
formerly known as The Paraffine Company,
Inc., sued herein as Paraffine Company,
Inc., and by PLANT RUBBER & ASBESTOS
WORKS, formerly a wholly owned subsidiary

P 6 Being
Sent
5/12/78

of Fibreboard Paper Products Corporation
under its then name of The Paraffine
Company, Inc.

By: BROBECK, PHLEGER & HARRISON

Per Rinaldo Sciaroni, Jr.
Rinaldo Sciaroni, Jr., Attorneys for
above defendants

UNITED CORK COMPANY, a corporation;
LIBERTY MUTUAL INSURANCE COMPANY, a
corporation,

George R. Haswell, Attorney for above
defendants

By B. Lou Lamoreaux
B. Lou Lamoreaux, Attorney

JOHNS-MANVILLE SALES CORPORATION, a
corporation; THE TRAVELERS INSURANCE
COMPANY, a corporation,

By Joseph Bilchak
Joseph Bilchak, Attorney for above
defendants

PLANT INSULATION COMPANY, a corporation;
FIREMAN'S FUND INSURANCE COMPANY, a
corporation,

By Harold Shoop
Harold Shoop, Representative

MARINE ENGINEERING & SUPPLY COMPANY;
J. T. THORPE, INCORPORATED; PLANT
INSULATION COMPANY; PACIFIC EMPLOYERS
INSURANCE COMPANY, a corporation,

By: CLOPTON & PENNY

Per Robert C. Kunz
Robert C. Kunz, Attorney for above
defendants

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss

On this 14th day of December, 1959, before me, the
undersigned, a Notary Public in and for the said County and State,
residing therein, duly commissioned and sworn, personally appeared
ERVEY O. MCCARRELL, known to me to be the person whose name is sub-
scribed to the within Instrument, and acknowledged to me that he
executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year in this Certificate first above
written.

Notary Public
Notary Public in and for said County
and State of California

-6- 25.1960

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER

INCORPORATED
INSURANCE

AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

November 2, 1960

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania.

Travelers Policy No. RUB 4991518

Dear Sir:-

Please note disposition made of the following claim:

Date of Accident:	November 14, 1956
Claimant:	E. O. McCarrell
Location:	Sun Valley, California
Claim No.:	B-8289902
Disposition:	\$6,855.00 - Compensation
	<u>6,464.00</u> - Medical
	333.27 - Expense
Remarks:	

REVISION

13,319

Very truly yours,

ALEXANDER & ALEXANDER INC.

N. G. Finley
LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X
Auto Liability B.I.
 P.D.
General Liability B.I.
 P.D.

sjm

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER

INCORPORATED

INSURANCE

AVERAGE ADJUSTERS

CONSULTING ACTUARIES

2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

July 27, 1960

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Travelers Policy No. RUB 4991518

Dear Sir:

Please note disposition made of the following claim:

Date of Accident: November 14, 1956

Claimant: E. O. McCarrell

Location: Sun Valley, California

Claim No. : B 8289902

Disposition: \$6,505.00 - Compensation
6,461.58 - Medical
333.27 - Expense

R E V I S I O N

Remarks:

Very truly yours,

ALEXANDER & ALEXANDER, INC.

G. H. Finley

LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X

Auto Liability B.I.

P.D.

General Liability B.I.

P.D.

sjm

BALTIMORE
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CLARKSBURG
TULSA
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CHICAGO
LOS ANGELES
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SAN FRANCISCO
NEW ORLEANS
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PHILADELPHIA

ALEXANDER & ALEXANDER
INCORPORATED
INSURANCE

AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

july 13, 1960

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Travelers Policy No. RUB 4991518

Dear Sir:

Please note disposition made of the following claim:

Date of Accident: November 14, 1956

Claimant: E. O. McCarrell

Location: Sun Valley, California

Claim No. : B-8289902

Disposition: \$6,855.00 - Claim
6,461.58 - Medical R E V I S I O N
333.27 - Expense

Remarks:

Very truly yours,

ALEXANDER & ALEXANDER, INC.

G. H. Finley

LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X
Auto Liability B.I.
 P.D.
General Liability B.I.
 P.D.

sjm

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER
INCORPORATED
INSURANCE

AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

March 22, 1960

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Sir:

Travelers Policy No. RUB 4991518

Please note disposition made of the following claim:

Date of Accident: November 14, 1956
Claimant: E. O. McCarrell
Location: Sun Valley, California
Claim No.: B-8289902
Disposition: \$4,160.00 - Temp. Total
 2,265.00 - Perm. Partial
 6,548.55 - Medical
Remarks: 337.27 - Expense

Very truly yours,

ALEXANDER & ALEXANDER, INC.

G. H. Finley
LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X
Auto. Liability B.I.
 P.D.

General Liability B.I.
 P.D.

sjm

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

November 18th, 1959

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Mr. Schiedt:

Re: Ervey O. McCarrell
Sun Valley, California
File B 8289902 - Comp.
D/A November 14. 1956

Recent inquiry of the Travelers Insurance Company indicates that a Hearing was held, wherein other defendants were joined. A tentative agreement for a settlement was reached, however, further details as to various contributions are still being worked out. The Travelers have promised to advise us when this has been finalized. The tentative settlement agreement is for \$13,500.

The above is for your information and file.

Sincerely

ALEXANDER & ALEXANDER, INC.

GENERAL ADJUSTER

R

1165

SEP 8 1959

September 4, 1959

The Travelers Insurance Company
510 West Sixth Street
Los Angeles 14, California

Attention: Mr. Joseph Bilchak

Subject: Mr. Ervey O. McCarrell
B-8289902-California
56-1A-176-684

Gentlemen:

In response to the request of Mr. Schiedt of Armstrong Cork Company and the telephone request of Mr. Bilchak, we enclose a set of photostats covering the earnings record of Mr. McCarrell with Armstrong Cork Company from 1944 through 1956, with the exception of the two years, 1947 and 1948. Mr. McCarrell was not in Armstrong's employ during the years 1947 and 1948.

Should you have further questions that we might possibly answer, do not hesitate to contact this office.

Very truly yours,

ARMSTRONG CONTRACTING AND
SUPPLY CORPORATION


Robert B. Ross
District Manager

BRS

cc: R. C. Schiedt, Jr., Armstrong Cork Company
J. E. Zeller, Lancaster

T 10-20-51
August 28, 1959

The Travelers Insurance Company
510 W. Sixth Street
Los Angeles 14, Calif.

Gentlemen: Attention: Mr. Joseph Bilchak

Subject: Mr. Ervey O. McCarrell
 #B-8289902 - Calif.
 #56-LA-176-684

In reply to your August 24 letter, we list what we believe to be the Standard Accident Insurance Company policy numbers covering Mr. McCarrell's employment prior to 1952:

1944	AZ-561247
1945	AZ-574904
1946	AZ-590450
1947	AZ-609223
1948	AZ-639900
1949	AZ-663400
1950	AZ-688800
1951	AZ-718480

The enclosed Thermo-Fax of our August 18 letter to Mr. McDonald of Standard will give you the names of the men you might wish to contact. We sent Mr. Ross a similar set of Photostats, anticipating your future request. If you have not as yet received them, we suggest you contact Mr. Ross, manager of the Los Angeles office of AC&S, immediately.

We agree Social Security records do not necessarily give the whole story. However, due to the fact that the pipe covering mechanics often work for a number of employers during the course of a year, one might conceivably accumulate his entire earnings for a particular year as each employer is required to report the first \$3,000 paid up to and including the year 1950, \$3,600 up to and including 1954, and \$4,200 up to and including 1958.

We trust this information will help in apportionment proceedings.

Very truly yours,

ARMSTRONG CORK COMPANY

JEZ

R. C. Schiedt, Jr.
Insurance Department

Enclosure

R. B. Ross, AC&S, Los Angeles
J. E. Zeller, AC&S, Lancaster

RCS

The Travelers

The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
FRANK O. MENNEN, Claim Manager

BRANCH OFFICE
510 West Sixth Street
LOS ANGELES 14, CALIFORNIA
Telephone: MAdison 8-0311

August 24, 1959

AUG 27 1959 WJH

B 8289902
Armstrong Cork Company
Re: Ervey O. McCarrell
56 LA 176-684

11.14.56

Armstrong Cork Company
Lancaster,
Pennsylvania

Attention: R. C. Schiedt
Insurance Department

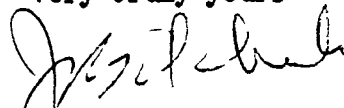
Gentlemen:

At a recent Hearing on the above captioned matter a question of coverage for workmen's compensation insurance by Standard Accident Insurance Company was raised. Our California Inspection Rating Bureau does not have any records with regard to coverage by Standard Accident for Armstrong Cork Company; therefore, we have been asked to determine if you could supply us with the policy numbers for the periods during which Standard Accident carried your workmen's compensation insurance in California.

In addition to the above an attempt was made to determine apportionment between the various defendants based upon Social Security Records. However, this was not possible due to the fact that the amounts from any given employer in one year are only recorded up to a maximum of \$3,600.00. We have been asked therefore, to ascertain if possible, relative to the periods of employment of Mr. McCarrell, in terms of days and ^{his} gross earnings during those periods of employment.

Thank you for your anticipated cooperation.

Very truly yours



JOSEPH BILCHAK
Hearing Representative

JB:mr

HOME OFFICE: 700 MAIN STREET, HARTFORD 15, CONNECTICUT

August 18, 1959

Mr. V. C. McDonald
Manager, Claims Department
Standard Accident Insurance Company
548 S. Kingsley Drive
Los Angeles 5, Calif.

Dear Mr. McDonald:

At the phone request of Mr. C. B. Litsinger of the Standard Accident Insurance Company, Pittsburgh office, we enclose Photostats of the earnings record of E. O. McCarroll while in the employ of Armstrong Cork Company from 1944 to 1956 inclusive. He was not in Armstrong's employ during the years 1947 and 1948.

Standard Accident was the insurance carrier up to and including the year 1951 after which Travelers took over. Prior to May 10, 1949, the majority of McCarroll's employment was with other employers as the records will indicate.

If you have any questions regarding working conditions, we suggest you contact Mr. R. B. Ross, District Manager of the Los Angeles office of Armstrong Contracting and Supply Corporation, a wholly-owned subsidiary of Armstrong Cork Company.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosures

R. B. Ross, AC&S, Los Angeles
J. E. Zeller, AC&S, Lancaster

August 18, 1959

Mr. R. B. Ross
Armstrong Contracting and Supply Corporation
4400 E. Bandini Boulevard
Los Angeles 23, Calif.

Dear Mr. Ross:

Subject: E. O. McCarroll
B-8289902

We enclose a similar set of photostats which was requested by Standard Accident Insurance Company last week.

Mr. Joseph Bilchak of Travelers Los Angeles office requested in January of this year some general information about McCarroll's employment record with Armstrong, but we believe he should have the enclosed photostats. In the second retrospective rating of our 1956 policy, Travelers established a \$20,000 reserve on this claim, which resulted in Armstrong depositing about \$23,354 with Travelers.

Since Travelers Armstrong coverage only included the years 1952 to 1956 inclusive, prior insurance companies should be involved when apportionment proceedings are initiated by Travelers if it was the last insurance carrier involved.

We suggest you pass this idea along to Travelers Los Angeles office at the time you turn over McCarroll's employment records.

Very truly yours,

ARMSTRONG CONK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosures

J. E. Zeller, AC&S, Lancaster

NAME		DATE		WORKING TIME		PERIOD WORKED		DEDUCTIONS		EMPLOYER'S		EMPLOYEE'S		TOTAL	
First	Last	Month	Year	Start	Stop	Day	Hour	Rate	Gross	F.O.A.	Fed. Inc.	State Unemp.	Phila. W.S. Tax	Comp. Over	1941
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112
113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128
129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176
177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208
209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256
257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272
273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304
305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320
321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336
337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352
353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368
369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384
385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400
401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416
417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432
433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448
449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464
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497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512
513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528
529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544
545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560
561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576
577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592
593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608
609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624
625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640
641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656
657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672
673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688
689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704
705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720
721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736
737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752
753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768
769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784
785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800
801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816
817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832
833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848
849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864
865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880
881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896
897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912
913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928
929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944
945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960
961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976
977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992
993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008
1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024
1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040
1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056
1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072
1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088
1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104
1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120
1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136
1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152
1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168
1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184
1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200
1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216
1217	1218	1219	1220	1221	1222	1223	1224	1225	1226	1227	1228	1229	1230	1231	1232
1233	1234	1235	1236	1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248
1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260	1261	1262	1263	1264
1265	1266	1267	1268	1269	1270	1271	1272	1273	1274	1275	1276	1277	1278	1279	1280
1281	1282	1283	1284	1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296
1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308	1309	1310	1311	1312
1313	1314	1315	1316	1317	1318	1319	1320	1321	1322	1323	1324	1325	1326	1327	1328
1329	1330	1331	1332	1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344
1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356	1357	1358	1359	1360
1361	1362	1363	1364	1365	1366	1367	1368	1369	1370	1371	1372	1373	1374	1375	1376
1377	1378	1379	1380	1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392
1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404	1405	1406	1407	1408
1409	1410	1411	1412	1413	1414	1415	1416	1417	1418	1419	1420	1421	1422	1423	1424
1425	1426	1427	1428	1429	1430	1431	1432	1433	1434						

Employee	Name	551-76-9516	551-76-9516
Local	Date of Birth	5-5-1951	5-5-1951
All Others	Occupation	Wk 5/21	Wk 5/21

Date		Time In	Time Out	Day	Hour	Rate	California		Wages		Wages		Wages		Wages		Exempt over \$3000	Deductions						Total	
Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Days	Wages	Days	Wages	Days	Wages	Days	Wages	F.O.A.	With-holding		State Unemp.	Phila. Wage	R-T State Sickness	Del. War.	Total	Wages		
12-23		24	12-3	12-24	12-25	12-26	6	69.75	✓																
12-24		12-2	12-10	12-11	12-12	12-13	6	101.25	✓																
12-25		12-1	12-9	12-10	12-11	12-12	6	101.25	✓																
12-26		12-0	12-8	12-9	12-10	12-11	6	99.25	✓	37															
12-27		12-1	12-11	12-12	12-13	12-14	6	97.25	✓																
12-28		12-2	12-12	12-13	12-14	12-15	6	63.00	✓	2															
12-29		12-3	12-13	12-14	12-15	12-16	6	96.75	✓	4															
12-30		12-4	12-14	12-15	12-16	12-17	6	101.25	✓																
12-31		12-5	12-15	12-16	12-17	12-18	6	101.25	✓																
12-32		12-6	12-16	12-17	12-18	12-19	6	90.00	✓																
12-33		12-8	12-18	12-19	12-20	12-21	6	101.25	✓																
Total		1223175		Total		1223175																			
12-34		12-9	12-19	12-20	12-21	12-22	6	101.25	✓																
12-35		12-10	12-20	12-21	12-22	12-23	6	101.25	✓																
12-36		12-11	12-21	12-22	12-23	12-24	6	101.25	✓																
12-37		12-12	12-22	12-23	12-24	12-25	6	101.25	✓																
12-38		12-13	12-23	12-24	12-25	12-26	6	101.25	✓																
12-39		12-14	12-24	12-25	12-26	12-27	6	101.25	✓																
12-40		12-15	12-25	12-26	12-27	12-28	6	101.25	✓																
12-41		12-16	12-26	12-27	12-28	12-29	6	101.25	✓																
12-42		12-17	12-27	12-28	12-29	12-30	6	101.25	✓																
12-43		12-18	12-28	12-29	12-30	12-31	6	101.25	✓																
Total		1099125		Total		1099125																			

1314 S. Lake St., Burbank, Calif.

Key Employees	
Localized	
All Others	

Number	551	01	6316	Office
Date of Birth	3	3	03	L.A.
Occupation	Insulator			

[illegible]

Name		Grade		Section		Date		Time		Status		Remarks	
First	Last	Room	Section	Day	Time	Present	Absent	Excused	Other	Notes	Comments	Signature	
1	Adams	101	101	101	101								
2	Adams	101	101	101	101								
3	Adams	101	101	101	101								
4	Adams	101	101	101	101								
5	Adams	101	101	101	101								
6	Adams	101	101	101	101								
7	Adams	101	101	101	101								
8	Adams	101	101	101	101								
9	Adams	101	101	101	101								
10	Adams	101	101	101	101								
11	Adams	101	101	101	101								
12	Adams	101	101	101	101								
13	Adams	101	101	101	101								
14	Adams	101	101	101	101								
15	Adams	101	101	101	101								
16	Adams	101	101	101	101								
17	Adams	101	101	101	101								
18	Adams	101	101	101	101								
19	Adams	101	101	101	101								
20	Adams	101	101	101	101								
21	Adams	101	101	101	101								
22	Adams	101	101	101	101								
23	Adams	101	101	101	101								
24	Adams	101	101	101	101								
25	Adams	101	101	101	101								
26	Adams	101	101	101	101								
27	Adams	101	101	101	101								
28	Adams	101	101	101	101								
29	Adams	101	101	101	101								
30	Adams	101	101	101	101								
31	Adams	101	101	101	101								
32	Adams	101	101	101	101								
33	Adams	101	101	101	101								
34	Adams	101	101	101	101								
35	Adams	101	101	101	101								
36	Adams	101	101	101	101								
37	Adams	101	101	101	101								
38	Adams	101	101	101	101								
39	Adams	101	101	101	101								
40	Adams	101	101	101	101								
41	Adams	101	101	101	101								
42	Adams	101	101	101	101								
43	Adams	101	101	101	101								
44	Adams	101	101	101	101								
45	Adams	101	101	101	101								
46	Adams	101	101	101	101								
47	Adams	101	101	101	101								
48	Adams	101	101	101	101								
49	Adams	101	101	101	101								
50	Adams	101	101	101	101								
51	Adams	101	101	101	101								
52	Adams	101	101	101	101								
Total Present												100	
Total Absent												0	
Total Excused												0	
Total Other												0	

Date		Pay Period		Rate		Hours		Total Payroll		Total Payroll Fed		Total Payroll Fed	
Month	Day	Start	End	Per Hour	Per Day	Week	Month	Week	Week	Week	Week	Week	Week
1951	10	10-10-51	10-16-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	11	10-17-51	10-23-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	12	10-24-51	10-30-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	13	10-31-51	11-06-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	14	11-07-51	11-13-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	15	11-14-51	11-20-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	16	11-21-51	11-27-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	17	11-28-51	12-04-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	18	12-05-51	12-11-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	19	12-12-51	12-18-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	20	12-19-51	12-25-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	21	12-26-51	12-31-51	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	22	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	23	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	24	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	25	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	26	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	27	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	28	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	29	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	30	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	31	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	32	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	33	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00
1951	34	1951	1951	1.00	7.00	7	198.00	198.00	198.00	198.00	198.00	198.00	198.00

UNITED STATES DEPARTMENT OF THE ARMY									
OFFICE OF THE CHIEF OF ENGINEERS									
WASHINGTON, D. C.									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

[illegible]

1314 South Lake Street, Burbank, Calif.										All Others										Occupation										A.W. Foreman																			
Local No.										X										Date of Birth										3										3									
Local No.										X										Date of Birth										3										3									
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Local No.																																																	

1314 So. Lake St., Burbank, Calif.

Change of Address: _____

Year 1952		File Number	331	01	6316	6
Date of Birth		3	3	1903	15	
No.		Description				

[illegible]

01 6316

Calif.										EMPLOYER'S DEDUCTIONS											
Pay Period	Rate	Hours	Wage	FICA	Medi-Cal	State Unemp	City	State	Other	Net Pay	Pay Period	Rate	Hours	Wage	FICA	Medi-Cal	State Unemp	City	State	Other	Net Pay
7-27	7	40	315	5	126	00					7-27	7	40	315	5	126	00				
7-28	7	32	112	4	100	80					7-28	7	32	112	4	100	80				
7-29	7	40	112	5	126	00					7-29	7	40	112	5	126	00				
7-30	7	40	112	5	126	00					7-30	7	40	112	5	126	00				
7-31	7	40	112	5	126	00					7-31	7	40	112	5	126	00				
8-1	7	40	112	5	126	00					8-1	7	40	112	5	126	00				
8-2	7	40	112	5	126	00					8-2	7	40	112	5	126	00				
8-3	7	40	112	5	126	00					8-3	7	40	112	5	126	00				
8-4	7	40	112	5	126	00					8-4	7	40	112	5	126	00				
8-5	7	40	112	5	126	00					8-5	7	40	112	5	126	00				
8-6	7	40	112	5	126	00					8-6	7	40	112	5	126	00				
8-7	7	40	112	5	126	00					8-7	7	40	112	5	126	00				
8-8	7	40	112	5	126	00					8-8	7	40	112	5	126	00				
8-9	7	40	112	5	126	00					8-9	7	40	112	5	126	00				
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10-23	7	40	112	5	126	00															

[illegible]

[illegible]

Name: **McCartell, E. O.**
 Address: **1314 S. Lake St., Burbank, California**
 Social Security Number: **551 101 135-116**
 Date of Birth: **3 3 09**
 Key Employee: ☒ **X**
 Local No.: **240**
 Occupation: **AW**

864.00

Date		Termination Due to	Pack No.	Pay Period Ends	Hours O.T. S.T.	Rate O.T. S.T.	Calif.		Other States	Contract Number	Exempt Wage		Out Of Plan			Employee Deductions						Group Ins.	
Hired	Disch.						F	Wage			Federal F.I.C.A. F.U.	State	F.I.C.A.	Withholding	State Unemp.	City Wage Tax	State Dis.	Retirement	Hospital		Lib.	Med.	
	12-31		5	1-3	32	3.375	4	108.00					2	16	14	70		1.88		Calif.	2	16	
	1-8		20	1-10	40	6.75	5	115.50					3	57	26	90		1.76		Calif.	4	20	
	1-15		31	1-17	40		5	135.00					3	70	20	10		1.35	2	70			
	2-22		45	2-24	40		5	135.00					2	70	20	10		1.35	1	9	Calif.	2	10
	2-29		25	3-1	40		5	135.00					2	70	20	10		1.35	4	32	Calif.	7	30
	2-5		17	3-7	40		5	135.00					2	70	20	10		1.35					
	1-12		27	1-14	40		5	135.00					2	70	20	10		1.35					
	1-19		41	2-1	40		5	135.00					2	70	20	10		1.35					
	2-26		6	2-28	40		5	135.00					2	70	20	10		1.35	2	70			
	3-5		17	3-7	40		5	135.00					2	70	20	10		1.35	2	70			
	1-12		33	1-14	40		5	135.00					2	70	20	10		1.35	2	70			
	2-19		28	2-21	40		5	135.00					2	70	20	10		1.35	10	80	70		
	2-26		66	2-28	40	6.75	7	222.75					4	46	30	60		2.03	6	47	70	30	
1st Quarter Total - Fed.			221					185.625					37.13	270.20				18.57	47.61				
	4-9		9	4-11	40	6.75	7	243.00					4	86	38	20		2.43	2	87			
	4-9		27	4-11	40		5	135.00					2	70	20	10		1.35		Calif.	2	10	
	4-16		31	4-18	40	3.50	5	140.00					2	80	21	00		1.40		Calif.	2	10	
	4-23		43	4-25	40		5	140.00					2	80	21	00		1.40	2	80			
	5-30		3	5-2	40		5	140.00					2	80	21	00		1.40	2	80			
	5-6		16	5-7	32		4	112.00					2	22	15	60		1.12	2	24			
	5-14		130	5-16	40		5	140.00				Calif.	2	80	21	00		1.40	2	80			
	5-21		46	5-23	40	7.00	5	185.00			91.50	91.50	3	77	31	00		1.85	3	71	Calif.	10	80
	5-28		4	5-30	40		5	140.00					2	80	21	00		1.40	2	80			
	6-4		15	6-6	32	3.65	4	116.00			92.60	Calif.	2	34	16	50		1.16	2	68			
	6-11		29	6-13	32		4	116.00			92.60	Calif.	2	34	16	50		1.16	2	68			
	6-18		15	6-20	40	7.50	7	300.00			115.50	Calif.	2	69	50	59		1.69	2	68	70	30	
	6-25		63	6-27	36		5	140.00			115.50	Calif.	2	70				1.40	2	70			
2nd Quarter Total - Fed.			270					201.120			91.50	Calif.	34.88	375.40				11.44	50.40				

UNITED STATES GOVERNMENT										OFFICE OF THE SECRETARY OF THE ARMY										WASHINGTON, D. C.									
GENERAL INVESTIGATION										SPECIAL INVESTIGATION										ADJUTANT GENERAL									
NAME										RANK										COMPONENT									
DATE										PLACE										REMARKS									
1. NAME										2. RANK										3. COMPONENT									
4. DATE										5. PLACE										6. REMARKS									
7. NAME										8. RANK										9. COMPONENT									
10. DATE										11. PLACE										12. REMARKS									
13. NAME										14. RANK										15. COMPONENT									
16. DATE										17. PLACE										18. REMARKS									
19. NAME										20. RANK										21. COMPONENT									
22. DATE										23. PLACE										24. REMARKS									
25. NAME										26. RANK										27. COMPONENT									
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31. NAME										32. RANK										33. COMPONENT									
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91. NAME										92. RANK										93. COMPONENT									
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97. NAME										98. RANK										99. COMPONENT									
100. DATE										101. PLACE										102. REMARKS									

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Landing from 1000

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Page 2

House Bill

8-8-58 1551-01-6116

7-15-56	40	15000
7-22	40	15000
7-29	40	15000
8-5	40	15000
8-12	40	15000
8-19	40	15000
8-26	40	15000
9-2	40	15000
9-9	40	15000
9-16	40	15000
9-23	40	15000
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10-28	40	15000
11-4	40	15000
11-11	40	15000
11-18	40	15000
11-25	40	15000
12-2	40	15000
12-9	40	15000
12-25-56	40	15000

2600

10000

10000

13500

9000

22500

36

24

127

29

76

100

Inc Carrell

1 A 56 wages net \$ 7332.10
note 1.51

ATA from 132.73

22.5 / 1/2 ATA from 29.86

113 / 1/2 from 2000.00 22600.00

22629.51

op. amt 1.032 23354.01

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER

INCORPORATED

INSURANCE

AVERAGE ADJUSTERS

CONSULTING ACTUARIES

2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

1205
TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

June 17th, 1959

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Mr. Schiedt:

B 8289902
re: E. O. McCarrell
Sun Valley, California
D/A November 14, 1956

6/18/59
WBT
Supplementing our letter to you of June 26, 1958
pertinent to the above case, we inquired of the Travelers recently
in respect to the status thereof and are now in receipt of their
reply, which reads =

"Please be advised that other
defendants have been joined, social security records
and coverage information as well as copies of our
medical file are currently being served upon the other
defendants. We anticipate a Hearing on this matter in
the next few months."

The above is for your information and file.

Sincerely

ALEXANDER & ALEXANDER, INC.

7481.23 '56
148.13
733310

39 1/2 hr OT @ DT.

Joe Roseman
LOSS DEPARTMENT

R

January 27, 1959

Mr. Joseph Bilchak
The Travelers Insurance Company
510 West Sixth Street
Los Angeles 14, Calif.

Dear Sirs

Subject: Claim #B-8289902
E. O. McCarrell
56 LA 176-684

*filed under
accident of
11/14/56*

In reply to your letter of January 20, this man was employed as a building mechanic by Armstrong Cork Company for the first time in 1944.

Prior to 1952, Standard Accident Insurance Company was Armstrong Cork Company's insurance carrier.

However, these building mechanics often worked for more than one employer during the course of a year. In fact, our records indicate McCarrell had no employment with Armstrong during 1947 and 1948.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Bcs

The Travelers

The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
FRANK O. MENNEN, Claim Manager

BRANCH OFFICE
510 West Sixth Street
LOS ANGELES 14, CALIFORNIA
Telephone: MADison 8-0311

January 20, 1959

B 8289902
Armstrong Cork Company
Re: E. O. McCarrell
56 LA 176-684

Continued 1/24/59

Armstrong Cork Company
Lancaster, Pennsylvania

Gentlemen:

We are currently processing a Workmen's Compensation claim on a former employee before the Industrial Accident Commission here in California. It is necessary for us to know the name and periods of coverage of your Workmen's Compensation carrier for the period January 1, 1944 to January 1, 1952. It is our understanding that one of your prior insurance carriers was Standard Accident Insurance Company written through an agent in Pittsburgh, Pennsylvania.

This information has been requested by our attorneys handling this claim. Therefore, any preferred attention you can devote thereto will be greatly appreciated.

Very truly yours,

JB
JOSEPH BILCHAK
Hearing Representative

JB:kb

HOME OFFICE: 700 MAIN STREET, HARTFORD 15, CONNECTICUT

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER

INCORPORATED

INSURANCE

AVERAGE ADJUSTERS

CONSULTING ACTUARIES

2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304

BELL SYSTEM
TELETYPE BA 582

CABLE ADDRESS
"ALEXBLUE"

June 26th, 1958

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Mr. Schiedt:

re: E. O. McCarrell
Workmen's Compensation
California
D/A November 14, 1956

We requested a status report from the Travelers on the above case and we quote from their letter of June 20th, 1958 as follows:

"This case is becoming very complicated and costly, due to the advance state of asbestosis.

"The latest reserves set up on this case is temporary total disability \$4,000; permanent partial disability \$7500; medical \$8500.00 and expense \$100.

"The man is disabled and we believe will be so indefinitely, with constant medical treatment. We are endeavoring to join numerous other defendant employers, in order to show that there was other exposure to asbestosis besides the exposure at the Armstrong Cork Company.

"We have filed an application for hearing, but have not as yet received a setting date."

The above is for your information and file.

Sincerely
ALEXANDER & ALEXANDER, INC.

G. H. J. J. J.
LOSS DEPARTMENT

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RCS

TELEPHONE
TUXEDO 9-4304

BELL SYSTEM
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CABLE ADDRESS
"ALEXBLUE"

May 20th, 1957

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

MAY 21 1957 WLH

Dear Mr. Schiedt:

Workmen's Compensation - 1956
re: E.O. McCarrell
Sun Valley, California
D/A 11/14/56 File B 8289902

This case is now before the California Industrial Accident Commission for a hearing.

The reserves being carried by Travelers
are:

Temporary Total	\$ 1,000
Permanent partial	3,500
Medical	2,000
Expense	100

The above is for your information and file.

Sincerely

ALEXANDER & ALEXANDER, INC.

Joe Rosemary
LOSS DEPARTMENT

R

March 1, 1957

Mr. James E. Fannon
Alexander & Alexander, Inc.
2225 North Charles Street
Baltimore 18, Md.

Dear Jim:

Subjects: E. O. McCarrel
W. C. Accident 11/14/56
B-8289902 - Maryland *Calif.*

In reply to your February 25 letter, we are listing three locations in or near Los Angeles where Travelers can inspect our insulating jobs:

B. F. Goodrich Company
5400 East Olympic Boulevard
Los Angeles, California

Southern California Edison Company
Redondo Steam Station
Plant 2, Unit 6
Redondo Beach, California

Douglas Aircraft Company
DC-8 Building
Long Beach, California

Our records indicate Mr. McCarrel started working for Armstrong in 1944. However, between 1944 and 1949, a period of six years, he only worked a total of 67 weeks, indicating that he had other employers. From 1950 on, he worked quite regularly for Armstrong.

These asbestosis claims are on the increase, and we are wondering if the manufacturers of this high temperature insulation which we use could be of some assistance in the defense of these claims.

Very truly yours,

R. G. Schiedt, Jr.
Insurance Department

JEZ

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LOS ANGELES
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INSURANCE
AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

RC5
TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

February 25, 1957

FEB 26 1957 WLL

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

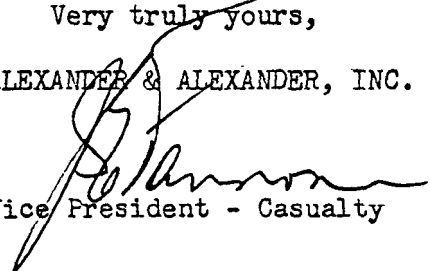
WORKMEN'S COMPENSATION INSURANCE
Policy No. RUB-4991518

Dear Bill:

We are enclosing herewith copy of the Travelers letter of February 19th concerning Occupational Disease claim of E. O. McCarrel who has acquired a lung condition which has been attributed to his handling various asbestos material while an employee of Armstrong Cork Company.

We particularly want to call your attention to the last paragraph of the attached letter concerning a proposed survey of an insulating job currently in the vicinity of Los Angeles, California. We shall appreciate it very much if you will notify your Contract Department to afford the Travelers every opportunity to complete their inspection of these operations.

Very truly yours,
ALEXANDER & ALEXANDER, INC.


Vice President - Casualty

JEF:mw
Enclosure

Rich -

I'd suggest
talking with
Fred Gardner.

The Travelers

BRANCH OFFICE
ADMINISTRATION DEPARTMENT
W. S. CARVER, Office Manager

*The Travelers Insurance Company
The Travelers Indemnity Company
The Travelers Fire Insurance Company*

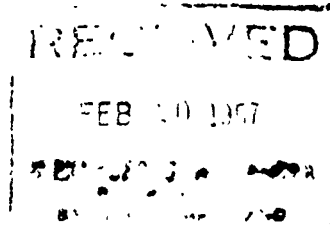
BRANCH OFFICE
1003 Mercantile Trust Building
201 East Baltimore Street at Calvert Street
BALTIMORE 2, MARYLAND
Telephone: LEXINGTON 9-0020

February 19, 1957

Alexander & Alexander, Inc.
2221 N. Charles Street
Baltimore 18, Maryland

ATTN: Mr. Fannen

RE: Armstrong Cork Company
Policy: RUB-4991518
Policy Period: 1/1/56-57
Claim #: B-8289902
Date of Accident: 11/14/56



Dear Sir:

The above claim involves an employee by the name of E. O. McCarrell. We understand that he has acquired a lung condition which has been attributed to his handling of various asbestos materials while in the employe of the Armstrong Cork Company. This man has been with our assured since approximately 1954 although we understand he does estimate that possibly for a total of one year he was employed by other insulating companies.

We understand that recently Mr. McCarrell had coughing seizures and of late the coughing became so severe that it caused it him to be sick to his stomach. On or about November 14, 1956, we understand that he was examined by a doctor and a claim was reported to our claim department because of the occupational disease factor. At the present time he is unable to work and has to conserve his strength as much as possible.

Our claim department has set up an estimate of \$6600.00 on this claim.

This is to advise you that our engineering department is planning to make a survey of an insulating job currently in operation in the vicinity of Los Angeles, California. This way it is felt that we will then be able develop recommendations or provide you with sufficient information so that recommendations might be developed which will prevent or minimize this exposure.

HOME OFFICE: 700 MAIN STREET, HARTFORD 15, CONNECTICUT

As soon as we have anything future for you in this matter we will submit our findings to you.

Very truly yours,

T. F. Bryant

T. F. Bryant,
Asst. Office Manager

TFB/slg

Los Angeles

Education Center
Jannan

E. O. Use Carrell

1944 13

45 19

46 2

49 33

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51 46

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53 50

54 50

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out 12.4.56

Wayle
Whitaker
Kearney & Morrison

Reg. No.	Contract With:	Contract For	Sale	Billed
201-071	B. F. Vardrich Co. - Akron, Ohio	Same - 5400 East Olympic Blvd. Los Angeles, Calif.	22,570	3046
201-135	Southern Calif. Edison Co. Los Angeles, Calif.	Redondo Steam Station Redondo Beach, Calif. Plant 2 unit 6	143,248	39879
201-137	Southern Eng. & Constr. Co. Long Beach, Calif.	Douglas Aircraft Co., Inc. Long Beach, Calif. DC-8 Body	52,780	24694

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH

Claim Department
THE TRAVELERS INSURANCE COMPANY
510 West Sixth Street, Los Angeles 14, Calif.

Every question must be answered fully to avoid further correspondence. FAILURE TO FILE IS A MISDEMEANOR SUBJECT TO MAXIMUM FINE OF \$100.
(Labor Code, Sections 6407-6413)

DEC 10 1956 REPORTED

Please make this report in DUPLICATE so that we can file copies with Division of Labor Statistics and Research in your behalf. Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research not later than 24 hours after death.

EMPLOYER		DO NOT WRITE IN THIS COLUMN
1. Name (Give name under which concern does business) Armstrong Cork Company		Case No.
2. Office address (No. and Street) 1206 Maple Avenue (City or Town) Los Angeles, California		Employer No.
3. Nature of business (Manufacturing shoes, retailing men's clothes, trucking for hire, etc.) Insulation		Industry
INJURED EMPLOYEE		Age
4. Name E. O. McCarrell Soc. Sec. No. 551-01-6316		Sex and Marital Status
5. Address (No. and Street) 12255 Hart Street (City and State) North Hollywood		Weekly Wage
6. Age 53 7. Sex: Check (✓) Male X Female _____ 8. Check (✓) Married X Single _____		County
9. Number of hours worked per day 8 per week 40 Number of days worked per week 5		Accident Date
10. Wages: \$ 3.85 per hour, or \$ 30.80 per day, or \$ 154.00 per week. (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)		Occupation
11. If board, lodging, or other advantages furnished in addition to wages, give estimated value \$ _____ per day, or \$ _____ per week		Accident Type
ACCIDENT		Agency
12. Place of accident (No. and Street) Valley Steam (City or Town) Sun Valley (County) Los Angeles		Agency Part
13. On employer's premises (Yes or No) NO 14. Department _____		Mech. Defect
15. Date of accident 11-14-56 16. Hour of day 4 PM 17. Did injury result in disability beyond day of accident? (Yes or No) NO 18. If yes, give date last worked _____ 19. Was injured paid in full for this day? (Yes or No) YES 20. If injured in a mine, check (✓) accident location: Surface _____ Mill _____ Underground _____ Shaft _____		Unsafe Act
CAUSE OF ACCIDENT		Personal Defect
21. Occupation (job title) Asbestos Worker Foreman 22. How long employed by you at this occupation? Check (✓) Less than 6 months _____ ; 6 months to 2 years _____ ; over 2 years X 23. What was employee doing when accident occurred? (Describe briefly, such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.) Applying Insulation		Nature of Injury
24. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc.; give all factors contributing to accident. Use other side of report for additional space) Was insulating boiler with a glass slag blocking, some of the fine particles was drawn into the lungs and caused coughing.		Location
25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved) _____		Extent of Injury
26. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.) _____		Insurance Carrier
27. Were mechanical guards, or other safeguards provided? (Yes or No) NO 28. Was injured using them? (Yes or No) NO		Report Lag
29. What do you recommend for preventing this type of accident? (State the specific preventive measures that can be taken by employer and workers. Do not say, "By being more careful." Specify what should or should not be done) Aspirators should be worn		Coded by
NATURE OF INJURY AND PART OF BODY AFFECTED		
30. (Describe in detail the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.) Caused severe coughing soreness in lungs and short breathing		
31. Name and address of physician Dr. Kennecott, 1136 W 6th Street, Los Angeles		
32. Name and address of hospital MUTual 4066		
33. Has employee returned to work? (Yes or No) YES 34. If yes, give date 11-14-56 35. At what wage? \$ 3.85 per hour		
36. Did injury result in death? (Yes or No) NO 37. If yes, give date _____		
38. In case of death, give name and address of nearest relative _____		
39. Names and addresses of witnesses _____		
40. Is injured related to Employer? NO If so how? _____		
Signed by A. B. Callow Date of this report 11-30-56 Signature Official position District Manager		

Filing of this report is not an admission of liability. "No report of injury required to be filed by an employer or an insurer by this chapter shall be admissible as evidence in any adversary proceeding before the Industrial Accident Commission." Labor Code, Section 6413.

R

17-UNSAFE ACT										18-UNSAFE PRES. FACTOR										19										1-COMPANY										2 DIVISION										3-EMPLOYEE									
1-COMPANY										2-DIVISION										CLAIM NO. 20G-3344																																							
3-EMPLOYEE										4-AGE										5-SEX										YEARS EMPLOYED																													
MCCARRELL, E. O.										M ☒ FM ☐																																																	
6-OCCUPATION										7-LENGTH OF TIME ON THIS JOB										6-DEPT.																																							
11-DATE OF ACCIDENT										TIME OF ACCIDENT										A.M. LOST TIME										DATE CASE CLOSED																													
8-59										8-59																																																	
9-INJURY SUSTAINED										PRIOR ACCIDENTS																																																	
10-PART OF BODY INJURED										EXTENT OF INJURY																																																	
LUNGS																																																											
12-AGENCY										13-AGENCY PART																																																	
14-UNSAFE MECHANICAL CONDITION										15-TYPE OF ACCIDENT																																																	
17-UNSAFE ACT										18-UNSAFE PERSONAL FACTOR																																																	
JAC # 176-684																																																											
FIBREBOARD PRODUCTS, INC.-COMPENSATION CLAIMS MEDIA-FORM 973										E-Z SORT SYSTEMS-U.S. PATS. 2,196,127-2,139,519-OTHERS PENDING										A.A. REMBOLD & CO-INDUSTRIAL ENGINEERS-SYSTEMS-SAN FRANCISCO, CALIF																																							

EMPLOYEE

EXPENSE DISTRIBUTION

20G-3344

DATE	MEDICAL		HOSPITAL	X-RAY	OTHER EXPENSE	EXPLANATION	LEGAL #	TOTAL	EX GRATIA PAYMENTS	COMPEN- SATION	TOTAL COSTS	RESERVE
	PLANT	OUTSIDE										
3/59												5,000--
1960												
2						WORK C&K of 5323 1-14-60				3285-	3285-	1705-
						Closed February 1960						1705-
						CL 2/60						

39201A

FIBREBOARD PRODUCTS FORM 379-R