STATE OF NEW JERSEY

DEPARTMENT OF LABOR AND INDUSTRY

DIVISION OF WORKMEN'S COMPENSATION

(Do not fill in)

WORKER'S No. [redacted]

DIVISION OF WORKMEN'S COMPENSATION TRENTON, N.J.

File answer at .....

Hearing to be held at .....

PLAINTIFF'S EXHIBIT NG108U

AUG 19 '74

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

B. C. McCOY OCT 8

BERT GIBBS *Petitioner,*

vs.

NATIONAL GYPSUM CO.

Respondent.

AMERICAN MOTORISTS INS. CO.
(Name of Insurance Company)

KOHN, KIRSCH & NEEDLE, ESQS.
(Attorney for Petitioner)

17 Academy St., Newark, N.J. 07102
(Address)

TO THE DIVISION OF WORKMEN'S COMPENSATION:

Petitioner, alleging that he sustained an injury by an accident arising out of and in the course of his employment with the respondent, compensable under R. S. 34:15-7, et seq., supplements and amendments, respectfully states:

1. Name BERT GIBBS Soc. Security No. 135-14-5930

2. Residence Address: (a) Street Address 3 Anderson Street

(b) County Morris (c) City or Town Morristown
(THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)

3. Sex M 4. Age 56 (at time of accident) 5. Marital Status M 6. Occupation lead man

7. Name of employer NATIONAL GYPSUM CO.

(a) Address Division Ave., Millerton, New Jersey

(b) Business manufacturer

8. Did employer have notice or knowledge of injury? On what date? occupational dis

9. Place of accidental injury employer's premises disclosed at present

10. Describe the accident Petitioner sustained occupational disease as the result of exposure to loud noises, dust, fumes, paint, chemicals and other deleterious substances

11. Date petitioner stopped work Date returned to work

12. Describe extent and character of injury. If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully eyes, ears, nose, throat, lungs, internal organs and other parts of body

13. Wages or earnings $152. approx. Compensation paid: Rate

Temporary disability Permanent disability

14. Was medical aid required? Was employer requested to furnish same?

Was it furnished? If so, between what dates?

If not, what sum was expended?

15. Give names and addresses of physicians and hospital

16. What other facts are there which you believe important?

Your petitioner therefore prays that the Division of Workmen's Compensation will determine the amount of compensation due your petitioner from said respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that your petitioner may be awarded his costs in this proceeding, and such other or further relief as may be proper.

Burt Gilka
(Petitioner)

STATE OF NEW JERSEY

: ss.

COUNTY OF ESSEX

of full age, being duly sworn, according to law, deposes and says that:

Deponent is the petitioner named in the foregoing Claim Petition; has read the same; is familiar with the contents thereof; and the matters and things therein set forth are true according to the best of deponent's knowledge and belief.

Burt Gilka
(Petitioner)

Subscribed and sworn to before me
this 16th day of August 19 74

MARK E. FEINMAN
An Attorney-at-Law of New Jersey

(This affidavit may be sworn to before any person authorized to administer an oath)

NOTICE TO THE RESPONDENT:

The foregoing Claim Petition has been presented by the petitioner to the Division of Workmen's Compensation for hearing and determination. Unless an Answer is filed within 20 days of the date of service of the Claim Petition upon you, with the assignment clerk at the office to which the claim is assigned as indicated on the reverse side, and a copy served upon the petitioner's attorney, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

DIVISION OF WORKMEN'S COMPENSATION