

STATE OF NEW JERSEY

Form No. 20c
(Do not fill in)

DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF WORKMEN'S COMPENSATION

C. P. No. 477

K29532

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

PLAINTIFF'S
EXHIBIT
NG108G

JERRY MICHAEL DE CARO, Petitioner,

vs.

NATIONAL GYPSUM COMPANY,

Respondent.

Self-insured

(Name of Insurance Company)

Drazin, Warshaw, Auerbach & Rudnick
(Attorney for Petitioner)

3315 Highway #35, Hazlet, N.J. 07730
(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:

- JERRY MICHAEL DE CARO** Soc. Security No. **143-10-6220**
1. Name _____
2. Residence Address: (a) Street Address **119 Washington Street**
(b) County **Morris** (c) City or Town **Morristown, New Jersey**
(THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
3. Sex **M** 4. Age **56** 5. Marital Status **Married** 6. Occupation **Shipping Foreman**
(at time of accident)
7. Name of employer **NATIONAL GYPSUM COMPANY**
(a) Address **50 Division Avenue - Millington, New Jersey**
(b) Business **Asbestos Siding**
8. Did employer have notice or knowledge of injury? **yes** On what date? **1968**
9. Place of accidental injury **Millington Plant** Date **May 1, 1936**
10. Describe the accident **Worked in asbestos**
11. Date petitioner stopped work **Feb. 1, 1971** 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 _____
13. Wages or earnings **780.00 mo.** Compensation paid: Rate **\$ 40.00 week**
Temporary disability _____ Permanent disability **x**
14. Was medical aid required? **yes** Was employer requested to furnish same? **yes**
Was it furnished? **yes** If so, between what dates? **Nov. 1968 - December 1968**
If not, what sum was expended? _____

15. Give names and addresses of physicians and hospital

Dr. Michael Stein
Dr. Cox
Dr. Wright

Riverside Hospital
Saint Barnabas Hospital
St. Clair 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.

STATE OF NEW JERSEY,

COUNTY OF _____

Jerry De Caro
(Petitioner)
JERRY DE CARO

JERRY MICHAEL DE CARO

of full age being duly sworn according to law, on his oath deposes and says: That he is the petitioner named in the foregoing petition; that he has read the same and is familiar with the contents thereof; and that the matters and things therein set forth are true according to the best of his knowledge and belief.

Jerry De Caro
(Petitioner)
JERRY DE CARO

Subscribed and sworn to before me this fifteenth day
of January, 19 71, at _____

Martin M. Rudnick
MARTIN M. RUDNICK

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 in duplicate is filed with the Secretary of the Division, Labor and Industry Building, Box W, Trenton, N. J. 08625, WITHIN 20 DAYS, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

DIVISION OF WORKMEN'S COMPENSATION