STATE OF NEW JERSEY (Do not fill in)

DEPARTMENT OF LABOR AND INDUSTRY

DIVISION OF WORKMEN'S COMPENSATION

C.P. No. P37874

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

NOV 21 '74 FEB 23 '75 REP

File answer at .....

Hearing to be held at .....

PLAINTIFF'S EXHIBIT NG108S

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

B. C. McCOY FEB 26 1975

ARTHUR IVEY *Petitioner,*

vs.

NATIONAL GYPSUM CO. *Respondent.*

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

NED KIRSCH, ESQ. (Attorney for Petitioner)

17 Academy St., Newark, N.J. (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 Arthur Ivey Soc. Security No. 143-52-3737
2. Residence Address: (a) Street Address 1702 Elk Street
   (b) County Middlesex (c) City or Town Piscataway, N.J.
   (THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
3. Sex [illegible] 4. Age 19 (at time of accident) 5. Marital Status S 6. Occupation forklift operator
7. Name of employer National Gypsum Co.
   (a) Address Millington, N.J.
   (b) Business Manufacturer of asbestos siding
8. Did employer have notice or knowledge of injury? _____ On what date? Occupational disease
9. Place of accidental injury Employer's premises Date presently exposed
10. Describe the accident Petitioner is exposed to loud noises, fumes, dust, silica asbestos and other deleterious substances and cuts on left forearm
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 lacerations of left forearm
13. Wages or earnings $150 Compensation paid: Rate P P-40
    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? _____

Worked in plant 1 year

20C - EMPLOYEE'S CLAIM PETITION FOR COMPENSATION ALL-STATE LEGAL SUPPLY CO.